

WHOSE RESPONSIBILITY? THE ROLE OF THE FEDERAL GOVERNMENT IN
PREVENTING CHILDHOOD OBESITY: PERSPECTIVES OF ORGANIZATIONS,
CONGRESSIONAL STAFFERS, AND PARENTS.

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WHOSE RESPONSIBILITY? THE ROLE OF THE FEDERAL GOVERNMENT IN
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This dissertation examined three stakeholder groups and their perspectives about the role of the federal government in preventing childhood obesity. The three stakeholder groups included: organizations involved in childhood obesity, U.S. Congressional staffers working on health and agriculture policy, and low-income African-American parents of elementary school children in Washington, D.C. Frequently at the core of the debate over the role of the federal government is the notion of personal responsibility – whether preventing childhood obesity is limited to individual decisions, whether there might be larger systemic issues that shape individual behavior, and when it may be the government’s responsibility to protect our children’s public health. The research completed to date has focused more on either the media’s use of the personal responsibility frame and public opinion studies that have gathered only a general understanding of individual support for/against pre-selected obesity frames and policies. The underlying perspectives shaping opinions, and the values and subjectivity embedded within these debates and policy options, have been sparsely documented. Rather than view nutrition as objective, where policy outcomes are the result of pure scientific debate, this research considers the policy process itself and within it the nuanced opinions, strategies employed, and values invoked by these three sectors. A discourse analysis to define and examine interpretive packages was

completed to examine organizations' press release language in response to one or more of the four obesity-related Institute of Medicine reports. A Q study, using statements largely from the aforementioned press releases, and follow-up interviews, were completed with individual Congressional staffers. A Q study was also completed with each parent, and follow-up focus groups were completed with groups of parents. Two interpretive packages, with two sub-emphases, emerged from the organization study. The Multiple Responsibility package contained both Political Responsibility and Everyone's Responsibility sub-emphases. The Self-Reliance package contained both Self-Regulation and Consumer Sovereignty sub-emphases. The Congressional staffer Q study revealed three perspectives: Government Action Advocates, Select Government Action Advocates, and Personal Responsibility Advocates. The Parent Q study also revealed three perspectives: Parents + Specific Government, Parents + General Government, and Government + Other.

BIOGRAPHICAL SKETCH

Alexandra Lewin received her undergraduate degree from Cornell University in 2004 and a Masters in Public Administration from the Cornell Institute for Public Affairs in 2005. Her thesis focused on the impact of different sugar trade policies on least-developed countries. As part of her M.P.A., she attended Cornell-in-Washington and worked as an Agriculture Fellow in the U.S. Senate. Alexandra is currently a Nutrition Policy Fellow at the Center for Science in the Public Interest.

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INTRODUCTION

The prevalence of overweight has increased nearly three-fold for children between 2-5 years of age, and over three-fold for children between 6-11 years of age since the early 1970s (Centers for Disease Control and Prevention 2006). Among children 12-19 years of age, the prevalence of overweight hovers around 17%, again a nearly three-fold increase since the early 1970s (Ogden 2002, Ogden 2006). However, childhood overweight does not inflict all children equally – low-income and minority groups have higher overweight rates than those from Caucasian and higher-income groups (Ogden 2002).

As overweight and obesity rates continue to rise, local, state and federal action is becoming increasingly visible. In 2001, the Surgeon General, David Satcher, issued the *Call to Action to Prevent and Decrease Overweight and Obesity*. Satcher cited the Healthy People 2010 goals, which include overweight and obesity prevalence as one of the established leading health indicators (LHIs). These “reflect the major health concerns in the United States at the beginning of the 21st century. The Leading Health Indicators were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues” (U.S. Department of Health and Human Services 2008).

Obesity was declared an “epidemic”; the report stated that overweight and obesity might soon cause as much preventable disease and death as cigarette smoking. Satcher called on various sectors of society to bear the responsibility in helping to prevent and decrease overweight and obesity rates, including families and communities, schools, health care, media and communications, and work sites (U.S.

Department of Health and Human Services 2001).

Following the Surgeon General's report, Congress charged the Institute of Medicine (IOM) with developing its first childhood obesity action plan in 2002. The focus of this report was two-fold: 1) to review the behavioral, social, cultural and other environmental factors that contribute to childhood obesity and 2) to assess potential prevention approaches (Institute of Medicine 2008).

In 2004, *Preventing Childhood Obesity: Health in the Balance* was released by the IOM and similar to the Surgeon General's report, the IOM committee called on various segments of society to help confront the rise in childhood obesity rates. In this report, the IOM listed the federal government, industry and media, state and local governments, health-care professionals, community and nonprofit organizations, state and local education authorities and schools, as well as parents and families as those who should take immediate steps in the prevention of childhood obesity. (IOM 2004)

For example, the federal government was called on to:

- Establish an interdepartmental task force and coordinate federal actions
- Develop nutrition standards for foods and beverages sold in schools
- Fund state-based nutrition and physical-activity grants with strong evaluation components
- Develop guidelines regarding advertising and marketing to children and youth by convening a national conference
- Expand funding for prevention intervention research, experimental behavioral

research, and community-based population research

- Strengthen support for surveillance, monitoring and evaluation efforts

(IOM 2004)

Since 2004, a series of IOM reports have been released that relate to the prevention of childhood obesity prevention. Requested by the Robert Wood Johnson Foundation, the IOM published *Progress in Preventing Childhood Obesity: How do we measure up?* (2006) and concluded that:

Many childhood obesity prevention policies and programs are currently underway to increase physical activity and promote healthful eating among children and youth. These interventions, however, generally remain fragmented and small-scale. Moreover, the lack of systematic monitoring and evaluation have hindered the development of an evidence base to identify, apply, and disseminate lessons learned and support promising childhood obesity prevention efforts. (“Report Brief” P.1)

Like the previous report, this too called on multiple stakeholders, including the federal government, to bear responsibility to help prevent childhood obesity. Two additional reports, *Food Marketing to Children and Youth: Threat or Opportunity* and *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth* were released in 2005 and 2007, respectively. Both unhealthy food marketing to children and school foods of poor nutritional quality were reported to be significant contributors to the increase in childhood overweight – again, these committees asked the federal government to do their part in helping to reduce the negative impact of

both unhealthy food marketing and unhealthy food sold in schools.

However, Congressional action remains stunted. A number of bills have been introduced, including legislation that would address competitive food standards, menu labeling and FTC authority to regulate food marketing, for example. Although some of these bills have gained momentum, Congress has not passed any of them.

One obesity-related bill passed the House of Representatives in March 2004. The Commonsense Consumption Act of 2005, also known as the Personal Responsibility in Food Consumption Act as well as for its nickname, the “Cheeseburger Bill,” prevents civil litigation against the food industry, including manufacturers, restaurants, and distributors, related to weight gain, obesity, or personal injury resulting from these health conditions. (Library of Congress 2004)

Given the increase in concern about and attention to childhood obesity, the limited amount of Congressional action to help prevent it warrants further understanding.

Like many social issues, childhood obesity is complex, multidimensional and has been defined differently by a multitude of stakeholders, including the media. These multiple definitions for obesity may infer not only who is responsible for causing and preventing childhood obesity, but also the desired policy alternatives. The multi-pronged nature of the problem leads to any number of potentially effective policies – from improved school foods, to neighborhood playgrounds, to restricting food marketing, and nutrition education, for example.

At the core of this debate over defining childhood obesity and desired policy

alternatives is often one over personal responsibility – whether preventing childhood obesity is limited to individual behavior change and proper choices, whether there might be larger systemic issues that shape individual behavior, and when it may be the government’s responsibility to protect our children’s public health.

The research completed to date has focused largely on the media’s use of the personal responsibility frame, as well as public opinion studies that have gathered only a general understanding of individual support for/against pre-selected obesity frames and policies. However, the underlying perspectives shaping opinions, and the values and subjectivity embedded within these debates and policy options have been sparsely documented. Rather than view nutrition as objective, where policy outcomes are the result of pure scientific debate, this research considers the policy process itself and within it the nuanced opinions, strategies employed and values invoked by those actors shaping public policy.

This policy process is documented by examining perspectives within three critical sectors – organizations involved in childhood obesity, U.S. Congressional staffers working on health and agriculture policy, and low-income African-American parents of elementary school children. The underlying political, strategic, and personal values shaping the perspectives of these actors represent critical elements of the policy process and a unique lens in which to view childhood obesity policy.

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CHAPTER 1

ORGANIZATIONAL PERSPECTIVES ABOUT CHILDHOOD OBESITY POLICY

Abstract

Despite the rise in media attention about childhood obesity, little is known about the underlying perspectives of organizations shaping not only the media's messages, but also their own identity, their advocacy strategies, and ultimately public policy. Actors employ a number of strategies through a variety of routes to create these perspectives - one powerful avenue is the press release. This research uses the Policy Sciences Framework as a foundation to examine the language used in press releases responding to one or more of the four obesity-related Institute of Medicine Reports. It is through this analysis that policy and political environment can be assessed, where press release language can be analyzed and the rhetoric used to define the problem of childhood obesity and advance a political agenda can be critiqued. Gamson's interpretive package approach, including both the frame and reasoning and justification devices within each package, is employed to identify the packages, or perspectives. Two packages were identified, each with two sub-emphases. Multiple Responsibility represented those press releases identifying a range of stakeholders responsible for preventing childhood obesity. Within this package a sub-set of actors emphasized political responsibility, or the role of Congress, while another sub-set of actors emphasized everyone's responsibility, or a range of actors not necessarily focusing on the role of Congress. A second package, Self-Reliance, was identified where the two sub-emphases identified were self-regulation, or industry oversight, and consumer sovereignty, or a focus on consumer freedom and choice. The interpretive packages revealed the selective use of evidence, common themes across packages,, catch-

phrases and other devices, all of which illustrated the need for both a more critical media and a space to debate issues beyond press release language. When the manipulation of these packages is viewed within the larger context of the policy process, using the Policy Sciences Framework as a guide, it becomes apparent that there is a need for stronger institutional mechanisms to link the distinct decision functions of the policy process over time.

Introduction

Agenda setting in the policy process involves a complex process of stakeholders pushing desired policies and/or political agendas. At the heart of this process are strategies used to assign causes, consequences, blame and responsibility to problems, with oftentimes implied and desired policy alternatives (Weiss 1989, Stone 1989).

As Deborah Stone stated, “The different sides in an issue act as if they are trying to find the “true” cause, but they are always struggling to influence which idea is selected to guide policy. Political conflicts over causal stores are, therefore, more than empirical claims about sequences of events. They are fights about the possibility of control and the assignment of responsibility” (Stone 1989:282).

Childhood obesity, like many social issues, is a policy problem entangled in these definitional processes. It is a multi-dimensional issue with a complex set of causes, impacts, and solutions. Relatively new to mainstream politics and the media, childhood obesity is a problem with many unknowns - there are no blanket solutions and there is no one cause. The consequences of how and what to eat, and who to listen to for advice, is increasingly confusing.

Part of what makes this issue so confusing from a policy perspective is the multitude of actors and associated strategies used to advance an agenda. Frequently noted by academics, public health professionals and others, one consequence of these strategies is the solidification and advancement of a personal responsibility ideology - that it is up to the individual and/or the parent to choose foods wisely and to ensure that they and their children get adequate amounts of physical activity.

Previous mass media framing studies reveal actors' success in framing obesity around individual responsibility. Lambert (2008) found that the news media reinforced individual responsibility; Lawrence (2004) found that although there has been a trend in the news discourse towards environmental causation "there is less acceptance of the idea that that risk has been incurred involuntarily by overweight adults" (71).

Few papers have examined obesity framing by actors outside the media yet the research that does exist also confirms the promotion of personal responsibility. Saguy and Riley (2005) evaluate the 'framing contests' of four groups – antiobesity researchers, antiobesity activists, fat acceptance researchers, and fat acceptance activists. They examine multiple frames, including the "risky behavior" frame, and find that this frame in particular can "serve to legitimate social inequality and health disparities," (912) leading to a situation in which society "suggests that the poor are to blame for their disadvantaged social position" (887). A more recent paper by Saguy and Almeling (2008) found that both scientific studies and news reports invoked the individual/personal choice frame more than other factors. Kwan (2006) found that documents from the Centers for Disease Control and Prevention, which she found represented a medical frame, revealed multiple causes for obesity but "strongly implicates behavioral variables" (7).

Research has also examined public opinion around obesity, again confirming the pervasiveness of the personal responsibility frame. Oliver and Lee (2005) found, for example, that most Americans would assign obesity to individual failure (rather than environmental or genetic sources) but that there was the most support for policies that addressed juvenile obesity.

This notion of personal responsibility has far reaching consequences for the role of government, and how society perceives overweight and obese individuals. As illustrated above, studies have examined the media's use and frequency of the personal responsibility frame, the consequences of personal responsibility in society in the context of childhood obesity or other social problems (Puhl and Brownell 2003), and why government action is necessary (Nestle and Jacobson 2000, Dorfman and Wallack 2007). Few, however, have analyzed the language used by organizations to create an organizational identity, frame the issue and to ultimately shift responsibility.

Saguy and Riley (2005) underscored the need for policy process research. They recommended that future work “investigate how the frames we identified are used in political struggles over policy recommendations and official guidelines, as well the extent to which different frames are invoked in media discussions of obesity”(915).

This study addresses this gap in the literature by conducting a discourse analysis on stakeholders' response to obesity-related Institute of Medicine (IOM) reports. Using press releases as the unit of analysis, and responses to IOM reports as the general selection criteria, this paper adds to traditional media analyses by revealing how specific organizations use their own language and how they use it in response to expert advice. It is through this method that one can capture a segment of the policy

process and the central role language plays in establishing a problem definition. Laswell's Policy Sciences Framework, together with Gamson's interpretive package approach, provides the foundation for examining the substantive elements to stakeholder discourse.

A. The Policy Process and Stakeholder Discourse

i. The Policy Sciences Framework

Different perspectives, communication strategies and policy alternatives promoted within the policy process are revealed through language. Agenda-setters can use language to advance social issues and related policy alternatives, to compete for one issue's salience over another (Gamson and Modigliani 1989, Ungar 1998, Hilgartner and Bosk 1988).

Hilgartner and Bosk (1988) explained how, within an issue, there is competition to frame the issue and define the problem, constructing the problem's "reality." Framing can be thought of as "...the subjective meaning we assign to social events" (Goffman 1974:11) or "...a dynamic process by which producers and receivers of messages transform information into a meaningful whole by interpreting them through other available social, psychological, and cultural concepts, axioms and principles." (Fischer 2003:144) Although defined differently by multiple scholars, framing typically includes an element of subjectiveness and flux.

Additionally, scholars have discussed how discourse occurs under a set of social conditions (Burr 1995, Bacchi 2004) - it influences and is influenced by "the way

society is organized and run.” (Bacchi 2004:54) Bacchi notes how, “discourses are not just abstract ways of talking about and representing things” (Bacchi 2004:141) and that “representatives of certain groups have more access to the creation and dissemination of discourses than do others” (Bacchi 2004:142). Thus, the discourses seen and heard are intimately tied to agency, power and other values held that influence social conditions and the political climate. (Bacchi 2004, Ferree 2003, Steinberg 1999, Ellingson 1995).

The Policy Sciences Framework (PSF) is a model that contextualizes a policy problem and allows for a dissection of the nuances of discourse within the context of the larger policy process. First articulated by Harold Laswell in 1971, the PSF has become an overarching framework that scholars can use as a lens to examine particular parts of the policy process in the context of others parts. “It is a practical means of organizing our thinking, our knowledge and our problem-solving efforts, thus allowing us to define a problem and understand its context.” (Clark 2002:9) Using language to examine the policy process advances the framework’s ideals - to reveal the contextualized nature of the public policy process, to make increasingly transparent the strategies used, and to highlight the importance of language and communication in advancing a special interest (Clark 2002). The desire to contextualize strategic discourse in relation to the larger policy process is one of the features that sets the PSF apart from other disciplines that may apply discourse analysis more as an academic concern.

The PSF is centered on a set of base and scope values that underlie all decisions in the public policy process. Base values are the assets and resources held by individuals and/or organizations that can be used to advance specific agendas. Wealth and power,

for example, are two base values frequently used to advance government policies - those organizations with more wealth and perhaps with this, power, oftentimes have a greater voice in the political arena. Scope values constitute the same set of values as base values and are those values actors seek to expand or protect during and as a result of the policy process. Press releases represent one medium underlying this flow.

The social processes (SPs) and decision functions (DFs) guide this framework and although distinct on paper, they are not meant to be viewed as separate or independent from another. Rather, the policy process is dynamic, where participants and their perspectives flow in and out of multiple decision-making processes.

Of relevance for this research is the entire process, with a focus on both *intelligence*, an element of the DFs, and *perspectives*, an element of the SPs. Embedded within the specific elements of both the SPs and DFs is a focus on language and communication. Stakeholders use language, intelligence, and skill to selectively define a problem and translate it into something tangible for policy makers and other actors involved in the policy process.

Intelligence

Intelligence is the gathering and use of information, and the PSF can focus us on how selected stakeholders use information to make claims concerning causes and solutions for childhood obesity, and to assign responsibility. This information frames the problem and trickles into all elements of the SPs and DFs.

One way to further examine the selective use of information, or intelligence in the

obesity arena, is through an evaluation of how the reports of expert committees, specifically Institute of Medicine panels, are applied, maneuvered and manipulated to advance policy agendas, create identities, promote specific policy frames and instill a predetermined worldview.

Perspectives

Perspectives is defined by three ideas: identity, expectations and demands. Identity is created, in part, through the lens by which individuals and organizations depict themselves and/or how they would like others to see themselves. For example, someone working on climate change may define him/herself as “environmentalist.” Myths, symbols, metaphors, catch phrases and other strategic devices are used to create identities (Stone 2001).

Perspectives also include one’s expectations and demands. Expectations are those values and interests that actors perceive may be helped or harmed by a given situation. These perceptions shape actors’ responses to distinct situations, much of which is apparent in the way special interest groups seek to define causes and solutions related to childhood obesity. Demands, then, are those calls for action that further a set of positive expectations. This creates a policy process that is a dynamic interaction of stakeholders acting on the basis of identities (oftentimes more than one, depending on the medium and audience) and their values/interest-based expectations and demands. Distinct base values are applied over time and in different, sometimes conflicting, contexts.

The PSF is a useful framework but serves as a foundation, or lens, rather than a

method in which to conduct research. Different disciplines tend to invoke distinct methods to analyze stakeholder perspectives and the selective production and interpretation of information. Sociologists, anthropologists, policy scientists and others utilize diverse methods that help to qualitatively unpack discourse in an attempt to increase their understanding of what lies behind the text on a page, a speech, etc. This research uses interpretive packages to deepen the analysis based on the basic foundations provided by the PSF.

ii. Interpretive Packages

Gamson's interpretive package method is one way to reveal stakeholders' *intelligence* and *perspectives*. This method is, generally, an iterative and contextualized technique used to characterize text and construct dynamic meaning of events, problems and social issues (Gamson and Lasch 1980: 398). Within a package actors may emphasize different frames, policies and agendas but are not necessarily competing with one another nor are they mutually exclusive. Distinct packages, however, "explicitly deny" each other and frequently compete with, and are influenced by, others' ideas and agendas (Gamson pers. comm. 2008).

These packages can uncover how the actors involved in childhood obesity agenda-setting use and respond to intelligence from the IOM, and how their perspectives frame the issue, shape the problem definition and help form the context in which other actors utilize strategies to advance their own agendas. Each package is named after the core position and frame, together with the frame and reasoning and justification devices. Core frames oftentimes contain a range of positions and are dynamic over space and time (Gamson and Modigliani 1989:4) but frequently provide a space where

actors can coalesce around a package's central theme and in a more applied sense, move forward with a unified policy position (Gamson and Modigliani 1989:3).

Frame devices are synthetic ways to represent a package and are outlined by Gamson and Modigliani (1989):

- Exemplars - real historical and current events.
- Catch Phrases - attempted summary statements about the principal subject.
- Visual Images - icons and other visual images that suggest the core of the package.
- Depictions - principal subjects characterized in a particular fashion.
- Metaphors - consists of a principal subject and an associated subject with characteristics that by implication, attach to the principal subject.

(399-400)

Reasoning and justification are analytic ways to outline a package and are outlined by Gamson and Modigliani (1989):

- Roots - causal dynamics underlying a set of events.
- Consequences - consequences may flow from direct policies and may be short or long-term.
- Appeals to Principle - characteristic moral appeals that uphold certain general precepts.

(400)

This interpretive package method is especially useful in examining how stakeholders respond to obesity-related IOM reports after they are published. The frame and reasoning and justification devices capture the consistent and strategic use of language

employed by actors in this process and reveal their views on what constitutes a legitimate rationale for public intervention. The language of the IOM reports is carefully crafted and it is unknown whether and how actors use these reports and their related sets of recommendations. It is important to go beyond a general frame analysis in order to capture the both frame and reasoning and justification devices that underlie the packages, core frame and core position for each group. Additionally, this method allows one to see which actors have overlapping perspectives and positions, and how their language is similar and/or different within and between packages.

B. IOM Reports

Congress directed the Institute of Medicine with developing a report to examine the state of childhood obesity and to issue a series of recommendations in 2004. The reports used in this study begin with this 2004 IOM report, *Health in the Balance*, examining the state of childhood obesity and end with the 2007 IOM report, *Nutrition Standards for Food in School: Leading the Way toward Healthier Youth*. Largely stemming from the Surgeon General's 2001 *Call to Action to Prevent and Decrease Overweight and Obesity*, the IOM expert committees have published four reports related to various aspects of childhood obesity. The four reports, including the two mentioned above, are:

- Preventing Childhood Obesity: Health in the Balance (2004)
- Food Marketing to Children and Youth: Threat or Opportunity? (2005)
- Progress in Preventing Childhood Obesity: How do we Measure Up? (2006)

- Nutrition Standards for Food in School: Leading the Way toward Healthier Youth (2007)

These reports continue to spur a nation-wide debate about how to deal with rising childhood obesity rates. Each calls for action from many stakeholders, across distinct sectors of society. In part because of these reports, a multitude of actors have a stake in these recommendations and potential policies, programs, etc. related to childhood obesity. These stakeholders, often with distinct and sometimes competing agendas, become part of the policy process.

These reports stand in contrast to a long history of promoting individual behavior change and personal responsibility. The 1979 surgeon general's report, *Healthy People*, emphasized the role of the individual and the importance of improving personal behavior, using phrases like “we are killing ourselves” and “our own careless habits” (Minkler 1999: 123, U.S. Surgeon General 1979). In 1980, *Objectives for the Nation* was published which did emphasize a wider range of programs and policies beyond individual behavior change but again was overshadowed by the narrower United States notion of health promotion which emphasized “individual responsibility for health.” (Minkler 1999:124)

This framework for health promotion, coupled with the Reagan Administration's focus on individual freedom and personal responsibility, magnified an already prominent ideology, a nation-wide focus on personal behavior change and a “lack of any attention to response-ability.” (Minkler 1994: 403) This ideology translated into limited government (Wallack and Lawrence 2005), emphasizing less government, education and other individual actions (Allegrante 1984). In sum, this “just say no” era

of the 1980s, which had its roots in the U.S. myth of the rugged individual, gave rise reinforced a focus on individual blame and behavior change. This stands in contrast to the more recent Institute of Medicine reports described above.

i. Interpreting IOM Reports

Although this study focuses on what actors choose to do with reports once they're published, rather than the development of the reports themselves, it is important to note that, in general, Institute of Medicine Reports are portrayed no differently than other expert committee reports - a group of scientists able to present neutral science and consensus-based recommendations. In other words, the official narrative is that expert committees from the IOM and elsewhere can somehow rise above the politics and conflicting views of a problem, and offer a single, disinterested evidence based view as the basis for policy development.

The IOM states the following, with respect to expert committees, on their website:

Committees are the deliberating and authoring bodies for IOM reports, although strict institutional processes must be followed and the peer review process is independent of the committee. Most committees are consensus committees, meaning the process is designed to reach consensus on the evidence base and its implications. Where the published data are insufficient to support a conclusion, the committee may use its collective knowledge to argue for conclusions (Institute of Medicine "Frequently Asked" 2006).

However, this process is not that straightforward. These expert committees,

assembled to attempt to provide reliable science-based advice to government and as indicated in the by-line of the National Academies of Science, serve as “Advisors to the Nation” (Oreskes 2004:370) are far from uniform - they are made up of stakeholders with a distinct set of base and scope values, ideologies, outlooks, and backgrounds. It is clear that expert committees on social issues inevitably confront value tradeoffs and political considerations and, thus, become non-neutral participants in the policy process. Hilgartner (2000) argued that, “In the United States today, the claim that technical experts offer a value-laden vision has become a familiar idea [in the literature of expert committees] - a cliché that stands in uneasy opposition to the even more commonplace notion that science-based expertise is universal and objective” (5).

The lens through which an expert identifies with a social issue also leads to disagreement and controversy. “Even when there is no transparent political, social, or religious dimension to a debate, honest and intelligent people may come to different conclusions in the face of the “same” evidence, because they have focused their sights on different dimensions of that evidence, emphasizing different elements of the evidentiary landscape” (Oreskes 2004:380). This is rendered even more problematic when several distinct forms of reasoning are used to draw policy conclusions. Yet among these differences, there is oftentimes a large amount of pressure to come up with a consensus set of recommendations, viewpoint, etc. Seeming uncertainty, disagreement, or timidity among experts, can be exploited by stakeholders and used as a strategy that results in the weakening of these experts and related reports in the political arena (Campbell 1985).

Stakeholders can not only exploit uncertainty but more generally can use these reports

to frame the problem definition, gain credibility, advance policy alternatives and influence aspects of the policy process. It is critical to see how these reports, once developed, are used and by whom, and the implications for this use within the context of the public policy process and the personal responsibility frame. The use of these reports can serve as critical discourse moments, where the language to describe them can vary depending on the method of communication. One form of communication is the press release, frequently used by organizations to carefully craft an identity and advance their ideals.

C. Press Releases as a Unit of Analysis

Press releases serve multiple purposes, including individual and organizational identity formation. Identity is important in achieving organizational goals and constitutes one of Laswell's fundamental components of perspectives. Through "...symbolic systems of representation..."(Woodward 1997:2) organizations can oftentimes set themselves apart from others (Whetten and Mackey 2002).

Organizations work to establish an identity prior to and for its interpretation by the news media (Lassen 2006). Press releases have commonly served an intermediary role in identity formation (Swales 2004) to generate "organizational legitimacy" (Gilpin 2008:9) between the organization and the media (Maat 2007). And unlike other, often longer, corporate documents such as annual reports that summarize previous events, press releases help add to ongoing, unfinished and dynamic events (Gilpin 2008). These frequently brief, immediate, and concise reactions are rarely analyzed for their importance in shaping and potentially influencing public policy.

Saguy and Almeling (2008) analyzed press releases in their obesity research and found that press releases “...shape both *what* gets reported and *how* it is framed” (75). They also found that some of the same language is used in both press releases and the news media and that press releases tend to serve as an intermediate between science and news, and help to “foster dramatization” (76-77).

Gilpin (2008) and others have argued that press releases have, in addition to this more traditional role, taken on a new role where press releases can be “...seen as a tool for establishing dialogue between an organization and its stakeholders” (9). Magnified now due to the power of the internet and widespread instant access to organizational content, there is research showing that the format of press releases may be changing - public relations’ departments may now write them as independent sources of information rather than as texts to be reinterpreted by the news media (Lassen 2006).

As Gilpin (2008) suggests:

This alternative view of the news release does not argue that its role has changed, but suggests instead a shift in how it may be viewed by researchers and practitioners. Rather than simple vehicles for information, news releases may be productively approached as an episodic autobiographical narrative genre, by which the organization seeks to establish and negotiate its identity with regard to a generalized external public” (9-10).

With this in mind, the press release has traditionally taken a standard form (Jacobs 1999, Maat 2007) often using a “third-person perspective on the events they are involved in themselves and use past tense when writing about events that have not yet

taken place at the moment of writing” (Maat 2007:61). The author, oftentimes a communication professional, “...applies a strategic process of selection to choose which events to include, how to arrange them causally and temporally, and how to describe them from a rhetorical standpoint.” (Gilpin 2000: 11) Additionally, public relations practitioners often seek to “...“objectify” the content of the press release and by doing so to make it more authoritative” (Maat 2007:61).

There is a fine balance between seeming objectivity and more explicit self-promotion. Journalists may turn down press releases that indulge in self-promotion but may alternatively consider objective-seeming press releases skeptically (Maat 2007).

There may be unintended consequences of press releases, too. For example, press release writers may not translate information accurately and/or may fail to include or disclose pertinent information about a scientific study, program, policy, etc. A 2002 Journal of the American Medical Association study found that “twenty-three studies were industry funded, yet only 22% of the corresponding releases noted this support”; they also noted how “Only 23% (29/127) of press releases included any mention of study limitations” (Woolshin and Schwartz 2002:2858).

Whether Gilpin’s description or the more traditional role of press releases underlies the impetus for a particular press release, both can influence the policy process.

The current project sought to understand how press releases responding to IOM reports can be strategically used by organizations. Press releases are a more upstream analysis than traditional news reports and add an important medium to understanding organizations’ use of language prior to its analysis by the media.

Aim 1 was to identify stakeholders the organizations that issued press releases in response to one or more of the four obesity-related IOM reports, and when they chose to issue the release(s).

Aim 2 was to examine the strategic use of language in response to expert advice, and to advance an agenda, in the sample of press releases.

Methods

A. Sample

A *Lexis Nexis* search was conducted to retrieve only press releases between September 2004 (the first obesity-related IOM report) and August 2007 (five months after the Nutrition Standards for Food in Schools report). A keyword search was conducted to search for the following words:

- “Institute of Medicine” and/or “IOM”
- “Obesity” and/or “Obese”

Press releases were excluded if they did not relate to *childhood* obesity, and/or if they did not *directly* reference one or more of the four obesity-related Institute of Medicine Reports. Reports were also excluded if they were a position paper rather than a press release, if they were written by a State agency, if the IOM was used solely for an endorsement, mention of a committee member, statistical reference (eg., to highlight the rise in childhood obesity rates), to promote future IOM studies, or as recognition (eg., award given) by the Institute of Medicine. Finally, press releases were excluded if one stakeholder was responding to another stakeholder, rather than one of the

reports, and if statements about the report were made prior to a report's release (eg., statements at IOM meetings).

A total of 64 press releases were retrieved. After applying the above exclusion criteria, this paper analyzes 38 press releases from a total of 26 different organizations, institutions or individuals.

B. Coding

The researcher coded each press release based on stakeholder perspectives around whose responsibility it was to help prevent and deal with childhood obesity. Press releases were categorized based on the type of actor(s) responsible for dealing with childhood obesity. These categories become interpretive packages which include a core position, core frame, and a series of 1) frame devices and 2) reasoning and justification devices. Reasoning and justification devices (roots, consequences and appeals to principal) were noted within each of the press releases and common themes within each package, and across packages, were identified. Common rhetorical devices within and across stakeholders and packages are identified and compared.

No distinction is made between organizational language and quotations within press releases made by company CEOs, practitioners and other experts. The language of individuals quoted in press releases almost always mimicked the language of the organization and is intended to lend authority, credibility, praise or some other self-promoting feature of the organization. This is indeed a strategy in itself but will not be elaborated on in the tables that follow.

No distinction is made between metaphor and depiction. Many of the depictions noted can also be thought of as metaphors. Of importance here is the identification of the frame devices and the analysis of how they may be strategically employed and their potential influence on the policy process.

Results

The 38 press releases revealed two interpretive packages and within each package there were each various ways in which the Institute of Medicine report is commended, condemned, used and manipulated. Each report resulted in a different number of responses. Table 1 outlines the breakdown of each IOM report, the number of press releases issued, the number of stakeholders issuing press releases, and the date range of the press releases. A complete list of press releases is listed in Appendix 1.

Table 1: IOM Reports, Press Releases, Respondents, and Timeline

Report	# of Press Releases	# of Stakeholders	Dates Issued
Preventing Childhood Obesity: Health in the Balance	13	13	9.30.04-1.14.05
<ul style="list-style-type: none"> ○ 9 of the 13 press releases were issued the day of the report was published, September 30th, 2004. <ul style="list-style-type: none"> ○ The nine press releases were issued by public health advocacy organizations, industry associations, a public health association, industry foundations, and a public health foundation. ○ 4 of the 13 press releases were issued on October 4, October 14th, October 18th, 2004, and January 14th, 2005. <ul style="list-style-type: none"> ○ The four press releases were issued by a food manufacturer, Congressman, and two public health foundations. 			
Food Marketing to Children and Youth: Threat or Opportunity?	8	8	12.6.05-6.14.07

Table 1: (continued)

<ul style="list-style-type: none"> ○ 4 of the 8 press releases were issued the day the report was published, December 6th, 2005. <ul style="list-style-type: none"> ○ The four press releases were issued by public health advocacy organizations, an industry advocacy organization, and a public health association. ○ 4 of the 8 press releases were issued on December 7th, 2005, November 14th, 2006, March 28th, 2007 and June 14th, 2007. <ul style="list-style-type: none"> ○ The four press releases were issued by an industry foundation, a Senator, a Congressman, and a public health foundation. 			
Progress in Preventing Childhood Obesity: How Do We Measure Up?	5	5	9.13.06-9.13.06
<ul style="list-style-type: none"> ○ 5 of the 5 press releases were issued the day the report was published, September 13th, 2006. <ul style="list-style-type: none"> ○ The five press releases were issued by a public health advocacy organization, an industry advocacy organization, an industry association, an industry foundation, and a public health foundation. 			
Nutrition Standards for Food in School: Leading the Way Toward Healthier Youth	12	11	4.25.07-6.14.07
<ul style="list-style-type: none"> ○ 9 of the 12 press releases were issued the day the report was published, April 25th, 2007. <ul style="list-style-type: none"> ○ The nine press releases were issued by public health advocacy organizations, an industry advocacy organization, industry associations, a public health association, and a Senator. ○ 3 of the 12 press releases were issued on April 26th, April 27th, and May 14th, 2007. <ul style="list-style-type: none"> ○ The three press releases were issued by an industry association, a Senator, and a parent/family association. 			

In general, the press releases issued within one week of a report's release were in direct response to the report. If the press release was issued after one week of the report's release the report is oftentimes used to highlight organization/company initiatives and/or to promote their programs, policies, etc.

The interpretive packages are defined by the core position and frame as well as the frame devices, and reasoning and justification devices.

- **Package 1: Multiple Responsibility**

- Emphasis 1: Political Responsibility

- Emphasis 2: Everyone's Responsibility

- **Package 2: Self-Reliance**

- Emphasis 1: Self-Regulation
- Emphasis 2: Consumer Sovereignty

Table 2 below presents the two packages, their core frame and core position. Within each package there are two areas of emphasis, each with its own set of frame devices and reasoning and justification devices.

Table 2: Interpretive Package Matrix

Package 1: Multiple Responsibility					
Industry's Fault	Most Government Responsibility to Act	Core Position: Multiple sectors of society have an obligation to act to prevent childhood obesity Core Frame: The issue is how to engage the appropriate players to act to prevent childhood obesity.			
		Sub-Position	Sub-Frame	Exemplar	Catch Phrase
		Sub-Emphasis: Political Responsibility			
		The federal govt. has an obligation to act to prevent childhood obesity.	The issue is how society, with a focus on political will and govt. action, can deal with rising childhood obesity rates.	Stories of political champions; outdated legislation; advocacy efforts; and attempts at corporate control. Lesson: Change and action is needed in government . We are pushing for change and doing our part.	On the IOM: report is a milestone recommendations are common sense; comprehensive, rigorous, science-based recommendations, far superior to current standards; provides a roadmap for action; recipe for disaster On kids: victims; exploited; deserve better On schools: role models; junk should be expelled; sanctuaries from predatory peddlers On industry: insidious techniques; self-regulation has failed; guidelines unenforceable; 'snap, crackle, pop' the sound of public health progress On Congress: end handwringing.; show political courage; dishing out legislative favors; need enforcement; a political problem On legislation/policy: antiquated; outdated; junk-food loopholes
		Depictions/V isual Image			
		Depiction: predatory peddlers Visual Images: school foods, lunchables; food environment outside school cafeteria; seltzer not allowed but French fries are okay; SpongeBob character on junk food			

Table 2: (continued)

		Sub-Emphasis: Everyone's Responsibility				
		All of society, which may include some action from govt., has a role in acting to prevent childhood obesity.	The issue is how society can deal with rising childhood obesity rates.	Stories of broad-based action and the creation of places for collective action, and to fill current research and program gaps in attempts to prevent obesity. Lesson: Everyone has a role, be it in research, evaluation, funding, or programs. We are doing our part.	On the IOM: support conclusions; compelling portrait of nation's commitment; landmark document; blueprint for action; critical next steps On kids: robbed of a healthy and hopeful future; have the chance to rewrite the history of today's children and generations to come; first generation of Americans who will live sicker and die younger; help children make healthful eating decisions and encourage regular physical activity; shape a healthier landscape On industry: media a contributing culprit; profit motive of some media moguls outweighs their desire to contribute to the well-being of the nation's children On legislation/policy: identify what works, and what doesn't On organizations/foundations/society: time to act is now; urgent, preventive action; cannot afford not to address; doing much of what the IOM recommends; requires action across a broad spectrum; it's up to all of us; coordinated effort; need to engage all sectors in an aggressive, national effort	Visual Images: low-income and rural communities lack nutritious food choices and access to physical activity; junk food marketing to kids through multiple channels and mediums
Everyone's Fault	Government May Act					

Table 2: (continued)

Package 2: Self-Reliance						
Individual's Fault	Least Government Responsibility to Act	Core Position: Multiple sectors of society have an obligation to act to prevent childhood obesity Core Frame: The issue is how to engage the appropriate players to act to prevent childhood obesity.				
		Sub-Position	Sub-Frame	Exemplar	Catch Phrase	Depictions/ Visual Image
		Sub-Emphasis: Self-Regulation				
		Industry interest groups can deal with childhood obesity without govt. oversight.	The issue is how industry can avoid govt. regulation and remain self-regulated.	Stores of actions to prevent obesity already underway by the food and beverage industry. Lesson: industry is committed to improving children's wellness. We are doing our part.	On the IOM: step in the right direction; recommendations sounds like the system that's in place; recommendations already underway; acknowledge complexity of the problem; call for strengthened self-regulation On kids and schools: give students choice; range of options; unique environment; not simply a place to ban or restrict food availability On industry: one part of the solution; emphasize positive motivational messages; make eating fun; teach kids; we're committed; doing our part; making it happen; leaders; health and wellness a top priority; can't be addressed by tackling one food or factor; comprehensive solutions with other stakeholders; self-endorsed guidelines are common sense, supported by science and parents On legislation/policy: advertising will always have its critics; balanced diet; wide variety; taste matters; moderation; self-regulation	Visual Images: better-for-you food labels (eg., Sensible Solutions flag); selected foods, such as Oreos and Chips Ahoy! cookies no longer advertised to kids
Individual's Fault	Least Government Responsibility to Act	Sub-Emphasis: Everyone's Responsibility				
		It is up to the individual and children's parents to lead healthy, active lifestyles.	The issue is how to keep focus on individual behavior choices.	Stories of actions to limit choice and ban desired foods. Lesson: if we let others take part in preventing obesity, we won't be able to eat the foods we love.	On the IOM and related policy: clamors for federal restrictions; declares war on food; height of chutzpah On kids and schools: guard your lunchbox; restrictions don't stop at cafeteria On outside influence: war on food; draconian regulations; diet just one part of the equation	Depictions: Food Policy Visual Images: Birthday celebrations without cupcakes

Table 2: (continued)

Package 1: Multiple Responsibility		
Roots	Consequences	Appeals to Principle
Sub-Emphasis: Political Responsibility		
<ul style="list-style-type: none"> Marketing to kids; Spending by food and beverage industry, and sophisticated techniques to market directly to children; Unhealthy food available outside cafeterias and outdated school food standards; General Dietary habits; and Early habits become patterns for life. 	<p>Future Action:</p> <ul style="list-style-type: none"> If we don't do more, kids will get increasingly unhealthy and may live shorter lives than their parents. <p>IOM Reports/Policy Alternatives:</p> <ul style="list-style-type: none"> Report will help put an end to junk food marketing to kids, will increase consumption of healthy foods, will help make the school environment healthier, and increase participation in school meal programs; and Recommendations are only as good as the enforcement, funding, legislation, and availability of products that meet standards. <p>Industry:</p> <ul style="list-style-type: none"> Industry must act to curb marketing to kids or government will act. 	<p>Kids, Policy, and Legislation:</p> <ul style="list-style-type: none"> It is Congress and corporate America's job to ensure our kids are healthy; and Congress has lacked the political will to protect kids. <p>Schools:</p> <ul style="list-style-type: none"> Schools should set an example and be models of good nutrition; and Schools should not have junk food, as there's enough of it already outside of schools. <p>Industry:</p> <ul style="list-style-type: none"> Industry must reconsider how they do business. <p>Society:</p> <ul style="list-style-type: none"> Society needs a multi-stakeholder engagement to reduce raising obesity rates.
Sub-Emphasis: Everyone's Responsibility		
<ul style="list-style-type: none"> Widespread, unhealthy food marketing and advertising to children; Unhealthy foods in schools; Availability and access to healthy foods and physical activity in low-income communities; and Shaping life-long habits as children 	<p>Past Action:</p> <ul style="list-style-type: none"> We are experiencing a rise in health care costs due to obesity in adults; and Negative health outcomes not limited to obesity and include diabetes, heart disease, and other psychosocial problems, among others. <p>Future Action:</p> <ul style="list-style-type: none"> If we don't act, kids will be robbed of a healthy future. <p>Policy Alternatives:</p> <ul style="list-style-type: none"> Public service advertisements are unlikely to have a large effect on kids given how few of these messages kids see. <p>IOM Reports:</p> <ul style="list-style-type: none"> Will improve kids' health. 	<p>Kids:</p> <ul style="list-style-type: none"> Children's health is undermined by unhealthy diets and physical inactivity; Low-income, minority, and rural children suffer from the highest rates of obesity and deserve special attention; It is our duty to do more and to act now to address the rising childhood obesity rates; and Kids deserve to be safeguarded from harmful messages. <p>Schools:</p> <ul style="list-style-type: none"> Schools and community settings also deserve special attention <p>Policy and Legislation:</p> <ul style="list-style-type: none"> We need to devote resources to finding the best approaches, educated leaders, and increase advocacy; and Congress should enact legislation if voluntary efforts are not successful. <p>Society:</p> <ul style="list-style-type: none"> We must all act now, from national nutrition standards to healthy community design, to reverse the rising rates of childhood obesity; and We need more resources, policies, and programs to make this happen.

Table 2: (continued)

Package 2: Self-Reliance		
Roots	Consequences	Appeals to Principle
Sub-Emphasis: Self-Regulation		
<ul style="list-style-type: none"> Vague, but in general physical inactivity; and Lack of moderation and balance. 	<p>Policy Alternatives:</p> <ul style="list-style-type: none"> Kids and parents who are educated will make good decisions; and Kids who are physically active will be healthy. <p>IOM Reports:</p> <ul style="list-style-type: none"> IOM recommendations are too restrictive; and Self-regulation better than banning foods. <p>Industry:</p> <ul style="list-style-type: none"> Industry has done a lot to make schools healthier since the IOM report, and has worked to provide schools and consumers with choices; Industry-backed school beverage guidelines offer more choice than the IOM recommendations for teenage students, and are supported by parents and families; and Industry has worked to create “better-for-you” foods and limit less healthy food marketing to kids. 	<p>Parents/Schools/Kids:</p> <ul style="list-style-type: none"> Parents and schools, not government, should set food guidelines; Schools are a unique environment because parents are not there to make decisions; and Teenagers should have a variety of beverages in high schools and access to physical activity. <p>Policy and Legislation:</p> <ul style="list-style-type: none"> Self-regulation is the most effective way to ensure messaging to kids is appropriate; and Should educate and encourage adults and children to make informed decisions and to eat wisely, to live a balanced lifestyle and to exercise; and Can’t shield kids from the world. Just need to be sensitive. <p>Society:</p> <ul style="list-style-type: none"> We must all work together. All sectors of society must act to create positive change; and We need comprehensive solutions.
Sub-Emphasis: Consumer Sovereignty		
<ul style="list-style-type: none"> Lack of parental and personal responsibility; Lack of activity; and Lack of moderation. 	<p>Policy Alternatives:</p> <ul style="list-style-type: none"> Shift focus from cafeteria to playground; and Focus on calories out rather than calories in. <p>IOM Reports:</p> <ul style="list-style-type: none"> IOM recommendations are too restrictive; Bans are ineffective; Government panels don’t help kids lose weight; and IOM report failed to find a causal link between TV ads and obesity. 	<p>Parents/Kids:</p> <ul style="list-style-type: none"> Parents should be trusted to make decisions for their children; and It is inappropriate to restrict what parents and their children can eat <p>Schools:</p> <ul style="list-style-type: none"> IOM guidelines will seriously restrict our kids ability to eat their favorite foods; IOM guidelines will restrict what adults can eat in schools; and IOM recommendations lack scientific evidence and are inappropriate. <p>Policy and Legislation:</p> <ul style="list-style-type: none"> Policies around food are really about curtailing food choices; Threats of lawsuits are really about limiting food choices; Need scientific proof before calling for regulation; The real issue, physical activity, has been completely ignored; and We are wasting our time with government panels and lawsuits.

A. Package 1: Multiple Responsibility

The Multiple Responsibility Package promotes action across multiple sectors of

society. Stakeholders within this package call on distinct organizations or institutions to take responsibility, emphasizing either the role of Congress or a broad-base of actors including non-governmental organizations, foundations, scientists, communities, schools and others.

i. Emphasis 1: Political Responsibility

Stakeholders representing Political Responsibility emphasized policies that increased Congressional action. For example, the Agriculture, Nutrition and Forestry Democratic Committee press release stated, “Now it is our job - in Congress and in corporate America - to do the right thing for America's children” (2007).

Although many of the actors within this frame stressed the need for all stakeholders to act to prevent childhood obesity, stakeholders representing Political Responsibility focused largely on Congressional action and the lack of government action to date. Stakeholders within this package included public health advocacy organizations, elected officials, and other non-profit organizations. Be it children’s issues around education, food, the media and other issues important to this group of actors, many representing this emphasis already work together on pushing a political responsibility agenda.

a) Frame Devices

Exemplars

Stakeholders pushing for further Congressional action frequently cite examples of past

actions -- “PTA has been at the forefront of advocating for laws and regulations that provide for the safety and well-being of children...” (Parent Teacher Association 2007) -- and oftentimes failed endeavors, to get the government increasingly involved in obesity policy. Senator Harkin discussed his commitment to children’s wellness, and consumer advocacy organizations bolstered the need for Harkin’s bill, the Child Nutrition Promotion and School National Lunch Protection Act, when they give examples why school food standards are outdated. Nearly all stakeholders within Political Responsibility mention attempts by the food and beverage industry to target children with deceptive and sophisticated marketing strategies.

Catch Phrases

Stakeholders within Political Responsibility confirmed the importance of the Institute of Medicine Reports, pushed the idea that the recommendations are both common sense and based on sound science, and that the reports should be used to guide future action. Using powerful but simple discourse to convey their frame, the Center for Informed Food Choices (2005) wished the IOM went further in calling for increased government action and stated in its press release that “The committee’s recommendation that food companies “develop and promote healthier products” is a recipe for disaster.”

These stakeholders emphasized that kids should be protected, too. They noted how the current system has caused children to be “victims,” that they are “exploited.” Catch phrases that drew on special interest groups’ frequent attempts to undermine parents’ decisions or create unhealthy environments were common in the Political Responsibility package. Similarly, these actors thought schools should be an

environment kids are protected - they should be role models, or “sanctuaries from predatory peddlers,” where junk food is removed or limited.

These predatory peddlers, as labeled by some, utilized “insidious [marketing] techniques.” They believed self-regulation “has failed” and that without government accountability, the “guidelines are unenforceable.” Few Political Responsibility stakeholders noted positive changes within industry; Representative Markey (2007) is an exception - when Kellogg agreed to limit unhealthy food marketing to kids, Representative Markey stated, “The ‘snap, crackle, and pop’ you hear is the sound of public health progress.”

This group called for increased political will and subsequent action. These stakeholders frequently criticized the government’s current actions, stating that they’ve been “dishing out legislative favors,” that they need to show “political courage” and “end handwringing.” Center for Science in the Public Interest (2006) called on members of Congress to “...show political courage by standing up to Coke, Pepsi and snack food makers and to get soda and junk food out of schools.” They also asked “...how many more of these reports do we need before the government actually starts adopting some of these policies?”

Most actors within the Political Responsibility emphasis believed that politics hindered the advancement and progress in reducing childhood obesity rates. Commercial Alert (2007) argued that, “Addressing the problem of providing quality school food is no longer a scientific problem. If it ever was. It is now a political problem.” These sponsors called for updated legislation, largely centered on school foods. Current standards were labeled as “antiquated” and “outdated,” and allow a

“junk-food loophole,” where unhealthy foods remain largely accessible to children.

Depictions/Visual Images

The food and beverage industry has been called a “predatory peddler,” and many images are used to help illustrate this -- persuasive marketing techniques to kids, the foods commonly served to kids, school foods, and the unhealthy options available outside the cafeteria, all of which evoked different and negative images representing food industry practices.

b) Reasoning and Justification Devices

Roots

Stakeholders cited unhealthy food marketing to kids, the large corporate budgets, and sophisticated effective strategies used by companies to increase the effectiveness of marketing, unhealthy food available outside school cafeterias, and poor childhood dietary habits, as the roots, or causes, of childhood obesity. Many of these roots also implied the consequences of childhood obesity.

Consequences

Consequences are both short and long-term; in this package, consequences referred to the results from stakeholders failing to act, implementing the IOM recommendations, and food and beverage industry practices.

For example:

- If stakeholders don't act, kids will get increasingly unhealthy.
- If stakeholders follow the IOM recommendations, we can help end junk food marketing to kids, increase consumption of healthy foods and make increasingly healthy the school food environment. The Food Research and Action Center (2007) states how the 2007 IOM report "affirmed the importance of federal child nutrition programs in schools - particularly the school breakfast and lunch programs - as the appropriate and primary source of foods offered to children."
- If there isn't enforcement, funding, and access to healthier products, IOM recommendations will be meaningless.

Actions related to the food and beverage industry practices invoked "threat":

- If industry fails to act and change current practices, the government may act by regulating junk food marketing.

Appeals to Principle

Appeals to principle invoked kids, policy and legislation, schools, industry and society in general. Within Political Responsibility, appeals to principal tended to lump actions related to kids, public policy, and legislation. For example, in order to protect kids, the government must act and "We must start by taking legislative action to stop the rising tide of poor nutrition and obesity in our country, especially among those who need protection the most: our children." These actors also called on schools to serve as role models, and for the food and beverage industry to change their current practices. Finally, these actors believed all of society should come together to help prevent rising childhood obesity rates.

ii. Emphasis 2: Everyone's Responsibility

Stakeholders representing Everyone's Responsibility called for broad-based action. For example, the Robert Wood Johnson Foundation's (2004) press release stated that the IOM report contained "...far-reaching recommendations and a valuable blueprint for action, outlining key steps that public officials, industry leaders, schools, health care providers, parents, community groups and others can take to stem the tide of childhood obesity."

This broad-based action may or may not have include Congressional action, but it was not the primary focus or agenda. Actors that represented this package believed obesity was an issue that must be addressed from multiple angles, to create what is ultimately a healthier environment. This package included public health foundations, research organizations, public health associations, organizations promoting obesity-prevention programs, and one industry-funded organization.

There was overlap between Political and Everyone's Responsibility in that neither tried to blatantly prevent government action. Political Responsibility stakeholders advocated for more top-down Congressional action, whereas Everyone's Responsibility stakeholders promoted less heavy-handed Congressional action. These organizations did not necessarily advocate for mandates or regulations; instead they were more likely to promote Congressional action as only one of many sectors in society that should act.

a) Frame Devices

Exemplar

Stakeholders within Everyone's Responsibility tended to provide obesity prevention examples of actions taken by multiple stakeholders, from sectors across society. Foundations frequently cited current and future grants whose aim may be to engage multiple players, communities, and local municipalities. Foundations and other organizations also highlighted programs and initiatives aimed at reducing health-related inequities, compiling best practices, and continued research efforts.

Catch Phrases

These actors supported the IOM reports through catch phrases - actors "commend" the IOM, called it a "landmark document" that outlined "critical next steps" and acted as a "blueprint for action." This package, similar to the Multiple Responsibility package, made use of catch phrases that promoted the protection and well-being of children, both within and outside the school environment. If society does not act, some say, kids will be "robbed of a healthy and hopeful future."

Also similar to Political Responsibility stakeholders, this group called on industry to make changes to their current practices. The media was cited as a "contributing culprit" and industry in general was said to have a "profit motive."

Actors within this emphasis did not tend to engage in policy specifics, though many called for a need to evaluate programs and to identify best practices. Catch phrases

also stressed the urgency of this problem and the need to act, and to act now. “The time to act is now”, “urgent preventive action,” and “can not afford not to address” all implied that if we don’t act, there will be serious consequences. Finally, catch phrases call for “action across a broad spectrum,” “coordinated effort,” and the “need to engage all sectors in an aggressive, national effort.”

Depictions/Visual Images

No depictions were used in these press releases but visual images of low-income and/or rural communities without nutritious foods, and opportunities for physical activity, were invoked. Visual images of junk food marketing were also used to illustrate the pervasiveness of unhealthy food marketing to kids.

b) Reasoning and Justification Devices

Roots

Stakeholders within Everyone’s Responsibility listed roots similar to those within Political Responsibility. Unhealthy food marketing, unhealthy food in schools, access to healthy foods with an emphasis on low-income communities, and the notion that early habits tend to last for life were all given as causes for child and adult obesity.

Consequences

Everyone’s Responsibility emphasized the consequences of past and future actions, specific policy alternatives, and the outcome from implementing IOM’s

recommendations.

For example:

- Previous actions and increasing obesity rates have resulted in high health care costs and a number of other negative health outcomes.
- If we don't act, kids will suffer more and will be "robbed of a healthy future."
- If we use public service announcements, we are unlikely to see significant effects.
- If we implement IOM recommendations, kids' health will improve.

Appeals to Principle

Everyone's Responsibility appeals to principle did not fall as easily into one particular worldview, or political party's view. Similar to the Political Responsibility package, Everyone's Responsibility appealed to the harm done to our children. They emphasized how children's health has been undermined by their diets and lack of activity, and how low-income, minority and rural populations in particular suffer from the highest obesity rates. Given this, these actors stressed society's duty to do more to prevent obesity and to make sure kids are "safeguarded from harmful messages."

Schools and communities, they believed, warranted special attention.

Everyone's Responsibility actors call for Congress to act was not as strong as stakeholders within Political Responsibility. In contrast to Political Responsibility, actors within this emphasis believed Congress should be involved in evaluation and education; if voluntary efforts aren't successful, Congress may need to become more involved.

In general, these stakeholders stressed the need to engage more segments of society to prevent childhood obesity. The California Endowment (2004) stated how *Preventing Childhood Obesity: Health in the Balance* “...underscores the growing epidemic and the need to engage all sectors of society in an aggressive, national effort to fight off America’s leading causes of death and illness.”

B. Package 2: Self-Reliance

The Self-Reliance package promoted action without Congress. Stakeholders within this package advocated industry self-regulation and emphasized the importance of individual choice and responsibility. Industry groups constituted the majority of Self-Reliance stakeholders; there were few if any industry groups that denied industry has at least some role in preventing childhood obesity. One industry-funded organization, the Center for Consumer Freedom, is the leading spokesman emphasizing consumer sovereignty; they focused y on individual behavior choices and change, and disregarded any possible external (eg., environmental) influences.

i. Emphasis 1: Self-Regulation

Stakeholders representing Self-Regulation used language to keep obesity away from the *public* policy process. For example, Kraft (2005) supported self-regulation and stated in its press release a call for “...strengthened self-regulation of food and entertainment advertising to children.”

These actors promoted the notion that they can tackle childhood obesity without the government, inferring both implicitly and explicitly that industry self-regulation is the

most effective means to achieve health and wellness. Self-Regulation stakeholders tended to agree with the overall goal of the IOM reports, but largely disagreed with IOM's specific recommendations. Voluntary marketing standards, industry-endorsed school food and beverage guidelines, positive messages, and education constituted the primary interventions suggested by actors representing this emphasis. By promoting these actions together with individual balance, variety, and moderation, these stakeholders also advocated for self-regulation of the individual. Stakeholders within this package included industry trade organizations and food manufacturers. Absent from this package were any government institutions or elected individuals, as well as public health professionals not tied to the food industry.

a) Frame Devices

Exemplars

Self-regulation stakeholders cited actions that confirmed their devotion to children's health and wellness. Whether it was new product development, support for self-endorsed food and beverage guidelines, or reduced portion sizes, these actors were quick to praise themselves and highlight all the work they have done and will be doing to advance their commitment to health.

Catch Phrases

Catch phrases highlighted perspectives on the Institute of Medicine, on industry, on legislation, on children, and on schools. Most stakeholders within this package praised the IOM reports in general, but included statements about the IOM's failure to

discuss industry actions that have already been in line with IOM recommendations. Catch phrases from the food and beverage industry frequently stated how committed they have been to health - “we’re committed”, “we’re doing our part”, “we’re making it happen”, among others, all highlighted industry’s commitment, without government regulation.

Commitment: Examples from Industry Groups

National Automatic Merchandisers Association (2004)

The vending trade group known as the National Automatic Merchandisers Association (NAMA) stated:

Members are already working with individual school districts to tailor choices that work best for schools and vendors alike. You’ll still see popular candies and snacks, but children who are educated about making healthy choices will know how to make the choices that are best for them.

Everyone in the vending industry is dedicated to ensuring our nation’s youth are the healthiest people in the world. We too are committed to the health of our children.

NAMA is able to claim that they’ve made changes; from their statements one can infer that they back self-regulation and limited outside regulation, and that further Congressional action is unnecessary.

Grocery Manufacturers Association

The Grocery Manufacturers Association (GMA) stated numerous times that they “are committed” (2004, 2007), that they “...we have made great strides in providing parents and children with the tools they need to decrease and prevent obesity” (2007) and that the IOM “...ignores the tremendous progress that has been made in recent years in improving the school food environment...” (2007). Rather than establish themselves at odds with the IOM, they continued to state that they are acting on these issues, and have already been successful.

Snack Food Association (2007)

The Snack Food Association (SFA) noted how they have been “delighted to be part of a growing coalition of companies and trade associations that are doing their part to help parents, educators, and health professionals teach kids about healthier lifestyles.”

American Beverage Association

The American Beverage Association (ABA) stated that “...we in the beverage industry are aggressively working to do our part by providing schools and all consumers with a wide variety of beverage choices...” (2004); “Many of the report’s recommendations are already underway...” (2004); “The American Beverage Association is proud to be at the forefront of industry in making progress on childhood obesity...” (2006); and the ABA is “...already putting into practice the Institute of Medicine’s (IOM) call for improved school nutrition by working to implement a balanced, science-backed beverage initiative in schools across America” (2007).

Industry also used catch phrases to claim that they are just one player among many involved in obesity prevention. The ABA stated, for example, that actors should “...look at actions various sectors of society can take to make a positive change” (2004) and that “This [IOM] report once again makes in clear that we must all work together - schools, families, communities, industry and government - to solve the obesity problem” (2006).

Although the language appeared similar to that used by Everyone’s Responsibility stakeholders, it’s clear from ABA’s policy recommendations that they were focused largely at the individual and behavioral level. The ABA “encourages people to live a healthy lifestyle by eating a balanced diet and getting plenty of exercise, and supports nutrition and physical activity programs designed to help people do that” (2004).

Finally, actors representing Self-Regulation used similar language to actors within Political Responsibility to confirm the importance of IOM reports. However, the Self-Regulation emphasis highlighted the strength of their self-endorsed food and beverage guidelines rather than the need for Congressional oversight. In the same way that Political Responsibility stakeholders stated that the IOM recommendations were “common sense,” “rigorous” and “science based”, the American Beverage Association stated that their guidelines were “common sense, supported by science, backed by parents and responsive to concerns about nutrition in school” (2007).

Catch phrases mentioning legislation largely discredited the need it; instead, they promoted “balance,” “moderation,” “variety,” and “taste” and “self-regulation”.

Self-Regulation stakeholders employed catch phrases about children that are distinct

from either Political or Everyone's Responsibility stakeholders - Self-Regulation stakeholders promoted "choice" and "options." And unlike Political or Everyone's Responsibility which discuss the need to protect children in all environments, Self-Regulation actors frequently discussed kids only within the school environment, as students. However, the mere notion that Self-Regulation stakeholders recognized that schools are a "unique environment" highlighted how industry groups may be more likely to make healthier options available and accessible in schools before they are ready to do so in the rest of the marketplace.

Depictions/Visual Images

Industry groups touted visual images of better-for-you foods and highlighted corporate logos used to help consumers identify healthier products. Industry groups also used visual images to illustrate how corporations have decided to limit advertising of less healthy foods to children.

b) Reasoning and Justification Devices

Roots

Roots discussed by Self-Regulation stakeholders are distinct from those mentioned by Political and Everyone's responsibility stakeholders. In general, industry did not use much of their press release text to discuss the causes of childhood obesity but when they did mention causes, they tended to emphasize a lack of physical activity, a lack of eating in moderation, and a lack of balance in one's diet.

Consequences

The consequences, again, were both short and long-term and were mentioned in the context of policy alternatives, the IOM reports, and industry. A common consequence was to discuss changes or policies already in place that, as a consequence, illustrated industry's commitment to obesity prevention.

For example:

- If children and parents are educated, they will make healthy, good decisions.
- If children are physically active, they will be healthy.
- If the IOM recommendations are implemented, food choices will be too restrictive.
- If self-regulation is allowed, there will be a better system in place than if foods were government regulated and banned.
- Industry has done a lot to make schools healthier and provide schools and students with choice.
- Alliance for a Healthier Generation's school beverage guidelines that are both self-endorsed and industry-backed has offered students choice, and promotes moderation.
- Industry has created "better-for-you" foods.
- Industry has limited less healthy food marketing to kids.

Appeals to Principle

This emphasis appealed to a more conservative worldview. Stakeholders discussed parents, schools and kids, policy and legislation, industry, and society in general.

Parents, schools, and kids were frequently discussed together. Appeals to principle around children were focused within the school environment. For example, industry mentioned how parents and schools should set food guidelines, that schools are unique because parents aren't there to make decisions, and that teenagers should have a variety of beverages in schools.

With regard to policy and legislation, Self-Regulation stakeholders promoted industry and individual regulation. They promoted education and moderation so that individuals make appropriate choices. One trade association mentioned that children can't be, and shouldn't be, shielded from their environment.

Additionally, industry called itself truthful, responsible, and as GMA (2004) states, "Industry should be part of the solution because we understand consumer preferences and because we make many of the foods America eats." Industry reiterated their commitment to health and to good tasting, healthier products.

Finally, industry stakeholders within this package noted that everyone in society should act to create positive change and promote comprehensive solutions.

ii. Emphasis 2: Consumer Sovereignty

The Consumer Sovereignty focus contained substantial overlap with Self-Regulation themes and goals but placed a greater emphasis on physical activity, individual responsibility, freedom and trust. For example, the Center for Consumer Freedom's (2006) press release stated, "Rather than promote parental and personal responsibility, physical activity, and moderation—all proven to prevent obesity—government panels

and activist groups have often championed draconian regulations, litigation, and taxation of food.” On a spectrum from multi-stakeholder involvement to a focus on individual behaviors to prevent childhood obesity, this emphasis was on the extreme end of focusing on the individual. Of those actors using press releases to respond to the selected IOM reports, the Center for Consumer Freedom was the only stakeholder with this focus.

a) Frame Devices

Exemplars

The Center for Consumer Freedom opposed actions that limited choice, especially legislation that could ban desirable foods. They illustrated how, if the proposed school food IOM standards were to go into effect, they would “effectively squeeze everything but fruit juice, nuts, and a small assortment of produce out of the cafeteria snack bar.” They also emphasized these restrictions by stating, “Birthday celebrations that include cupcakes have been banned in classrooms across the nation” (2007). Many of the Center for Consumer Freedom’s exemplars were negative consequences of what could result if the government and others increased their involvement in food-related decisions.

Catch Phrases

Catch phrases highlighted the Center for Consumer Freedom’s perspective on the IOM and related policy, on kids and schools and, more generally, on others’ attempts to prevent obesity.

The Center for Consumer Freedom stated that the IOM “clamors for federal restrictions” (2005), that the IOM “declares war on everything from chewing gum to potato chips” (2007) and that their recommendations are “the height of chutzpah” (2005). They were the only stakeholder that attempted to discredit the IOM reports in their entirety.

Related to schools, Center for Consumer Freedom told children to “guard your lunch box” and told parents and adults who work schools that “restrictions don’t stop at the cafeteria” (2007).

More generally, Center for Consumer Freedom emphasized that others have waged a “war on obesity” and have called for “draconian regulations” (2006). Instead, they emphasized physical activity and that “diet is just one part of the equation” (2007).

Depictions/Visual Images

In press releases excluded from this study but relevant to childhood obesity policy, Center for Consumer Freedom continually depicted Center for Science in the Public Interest as the “food police” - an image that invoked perception of a nanny state. They also invoked images of children unable to eat their beloved foods, especially birthday cupcakes. In general, this organization emphasized the limited options and heavy restrictions that would occur if others’ recommendations and policies were implemented.

b) Reasoning and Justification Devices

Roots

Unlike Self-Regulation actors, roots were clearly identified as a lack of parent and personal responsibility, a lack of physical activity, as well individual failure to eat a range of foods, and to eat them in moderation.

Consequences

The consequences were both short and long-term, and were mentioned in the context of policy alternatives and the IOM reports.

For example:

- If the focus is shifted from cafeterias to playgrounds, or from calories in to calories out, obesity prevention efforts will be more successful.
- If the IOM recommendations are implemented, there will be a system that is too restrictive, and ineffective.
- If government panels remain the focus, obesity prevention efforts will be unsuccessful.
- The IOM lacks evidence to conclude that obesity is a consequence of television advertisements.

Appeals to Principle

Appeals to principle emphasized parental autonomy, that society should trust parents to make decisions, and that it would be inappropriate to restrict what parents and/or

their children eat. To illustrate, they stated how “Many schools forbid parents from bringing their kids fast food” (2007).

Within schools, Center for Consumer Freedom appealed to one’s desire for choice and freedom - that any food restrictions limit choice both for children and adults. They also claimed that it was inappropriate to make policy recommendations without sufficient scientific evidence.

Center for Consumer Freedom appeared to exploit what society might believe about childhood obesity without more extensive nutrition science knowledge, and without an understanding of the actors involved in setting policy, the political context, and potential policies. Knowing that many policy makers and other actors likely want extensive scientific evidence prior to passing any proposed policy, the Center for Consumer Freedom was able to exploit any existing gaps between evidence and policy.

Similar rhetoric was used to describe obesity prevention policy and legislation - that, at the end of the day, the goal was to curtail and/or limit food choices, that more scientific evidence was needed, that the current focus was wrong and should instead be on physical activity, and that government panels and lawsuits have been a waste of time.

C. Overlap Within and Between Packages, and Related Press Releases

Both packages used language that promoted actors’ commitment to children’s health and (with the exception of the Consumer Sovereignty emphasis) highlighted the

uniqueness of the school environment. Even Self-Regulation stakeholders, it seemed, might have been more agreeable to childhood obesity prevention action if within a school environment.

Select stakeholders within the Everyone's Responsibility emphasis could have fallen into the Self-Regulation emphasis, but Everyone's Responsibility attempts to remove government from the policy process were less obvious. The American Dietetic Association, for example, was a stakeholder placed in Everyone's Responsibility that promoted positive messaging but remained vague on the specific role of the federal government.

Although there was a spectrum of perspectives within each package and across packages, each press release tended to stick to one general package, position, and frame. So while the media may try to represent various viewpoints (albeit often uncritically) press releases seemed to promote a narrower frame, with a more specific agenda and set of outcomes.

D. Cross-Cutting Rhetorical Devices

In addition to the frame devices, and the reasoning and justification devices, two noteworthy rhetorical devices emerged in both packages. More specifically, similar concepts and language were used in both packages to achieve different outcomes - actors took the same information, from the same IOM report(s), and came to opposing conclusions.

i. The Spectrum of Certainty

The use of certainty and/or uncertainty was a common theme across both packages. Actors that more strongly agreed with the overall report and recommendations had a tendency to boost the reliability, dependability and integrity of the science. As Campaign for a Commercial-Free Childhood (2005) stated with respect to the IOM food marketing report, “Their findings leave no doubt that food marketing influences children’s food choices.”

The Center for Consumer Freedom, an advocacy group that has been “working together to promote personal responsibility and protect consumer choices” (2007) and who largely disagreed with the recommendations of the Institute of Medicine, took the same body of evidence and stated that IOM “failed to find a causal link between television advertisements and childhood obesity”; they summed it up by stating “Translation: “We have no proof for our position” (2005). This spectrum of certainty was frequently employed as a tool to frame the issue and subsequent political debates.

The National Academies (2005), the umbrella organization of the Institute of Medicine, also published a press release on this report. The first sentence seemed to fit with Campaign for a Commercial-Free Childhood’s press release language:

Food and beverage marketing targeted to children ages 12 and under leads them to request and consume high-calorie, low-nutrient products, says a new report from the Institute of Medicine of the National Academies.

The press release goes on to state:

The committee found strong evidence that television advertising influences the food and beverage preferences and purchase requests of children ages 2 through 11 years old and affects their consumption habits, at least over the short term. Most advertising geared toward children promotes high-calorie, low-nutrient foods, beverages, and meals, which, the committee concluded, influences children to request and choose these products. There is not enough evidence to determine the extent to which marketing influences the preferences and consumption habits of 12- to 18-year-olds; too few studies have focused on teens.

The next statement fit with Center for Consumer Freedom's uncertainty frame in their press release:

The evidence on whether television advertising directly affects children's long-term dietary patterns is limited and less conclusive. However, nutrition studies show that America's children and youth are consuming too many calories and too much added sugar, fat, and salt. Moreover, they are consuming less-than-recommended amounts of many key nutrients, including calcium, vitamin E, and fiber.

And this last statement invoked both certainty and uncertainty:

Available studies are too limited to determine whether television advertising is a direct cause of obesity among children. However, the statistical association

between ad viewing and obesity is strong. Even a small influence would amount to a substantial impact when spread across the entire population, the report notes.

ii. Common Sense

Stakeholders also transformed science into what other actors (eg., parents, the media, policy makers, etc) may already think of as common sense. Commercial Alert and Center for Science in the Public Interest (CSPI) used the “common sense” theme to advance the IOM’s findings.

Commercial Alert (2007) stated, “The report **confirms what any parents knows:** Schools should not be selling junk food, period.” [bold added for emphasis]

CSPI (2005) stated, “The IOM report really confirms what **most parents know to be true from personal experience:** Food advertising aimed at kids works.” [bold added for emphasis]

The ABA used similar language to advance the Alliance for a Healthier Generation’s (to which ABA belongs) self-endorsed school beverage guidelines.

ABA (2007) stated, “The bottom line is School Beverage Guidelines are **common sense, supported by science, backed by parents** and responsive to concerns about nutrition in schools.” [bold added for emphasis]

Although there were exceptions (eg., Senator Harkin’s 2007 press release stated:

“And, as it turns out, the Institute of Medicine's recommendations are mostly just common sense: We should help students eat more fruits, vegetables, and whole grains, and eat fewer foods high in fat, sodium, and calories.”), many actors, including all three stakeholders noted above, invoked parents as the actor that “approved” of the findings.

Discussion

A. Limitations

While Gamson’s framework is extremely helpful in illustrating the discursive strategies within the press releases, it does not systematically analyze the content as a narrative, from beginning to end. It is sometimes within the entire narrative, or story, that additional nuances and strategies are revealed.

This study did not include IOM responses that were not in the form of a press release. The Grocery Manufacturers Association, for example, released “GMA: IOM Committee on Food Marketing and Children’s Diets,” a statement made by the GMA to the IOM committee prior to the report’s release; they also published a release responding to the Federal Trade Commission/Health and Human Services report on food marketing, choosing not to respond to the IOM food marketing report. However, examination of some of the excluded press releases revealed similar language used by these same stakeholders in press releases included in the study.

Although this study captured many organizations and their press releases, it did not capture organizations and/or specific press releases that did not formally address or

respond to at least one of the four IOM reports. Although this is a finding in itself, there may be some press releases that reveal how organizations use language to advance childhood obesity agendas yet did not. The Center for Consumer Freedom, for example, issued a press release responding to Center for Science in the Public Interest's position on an issue and was not in response to an IOM report.

Finally, coding was limited to one observer; this eliminated the need for a check on intercoder reliability but limited potential checks on the coding system as a whole.

B. Implications for Understanding Framing Strategies

This paper has added to our understanding of the framing techniques and perspectives about childhood obesity by applying Gamson's interpretive package framework. The lens of the Policy Sciences Framework has helped us place these packages within the context of the larger policy process.. Much of the previous literature employed more general frame analyses (Lawrence 2004, Saguy and Riley 2005, Kwan 2006, Lambert et al. 2008), highlighting medical, biological, environmental, and social frames, among others. However, uncovering the frame devices and the reasoning and justification devices using Gamson's approach helps further analyze the nuances of language, the underlying values associated with each package and emphasis, the consistency in strategies used, and the implied policy alternatives within and across stakeholders was revealed. Of particular note is that the package methodology identified two basic packages, each with two sub-emphases; a more traditional frame analysis would have been unlikely to detect this nested structure.

Ferree (2003) noted how interpretive packages detect the values and stakeholder

interaction underlying but frequently undetected in frame analyses:

Situating the concept of frame as an interpretive package in a dynamic model of interaction between challengers and power holders links frames to hegemonic ideas (discursive opportunity structures), to the historical contention of groups over codes (repertoires), and to the core values, identities, and interpretation of material interests of social groups (ideologies) that guide their use. (309)

Gamson's (1989) interpretive package framework also improves the reliability of coding in discourse analysis. By recording "the particular signature elements for a given frame - the metaphors, catchphrases, or other symbolic devices typically used to convey it - it is possible to find phenotypic expressions that can be reliably coded" (Gamson:159, Kruse 2001:73).

C. Findings Related to Press Releases

Using press releases as the unit of analysis has added to and elaborated on the framing literature that has frequently analyzed media coverage of obesity. Saguy and Almeling (2008) examined eight press releases as one component of their study but analyzed them for their predictive value of news media coverage. The media, like individuals and organizations, selectively choose what to report, showing the public only snippets of larger, and frequently more complex, individual and organizational perspectives.

This more complete and systematic press release analysis allowed for the unpacking of identity and problem definitions as written by the actual individual and/or organization

issuing the press release. Press releases are a more upstream, nuanced, and perhaps more accurate depiction of actors' perspectives and their competing, and sometimes overlapping, agendas.

Although the press releases reinforced the findings from much of the framing literature explained previously, attempts to frame the issue within press releases around core positions seemed more deliberate. Whereas the media may try to represent various viewpoints (albeit often uncritically) these press releases largely stuck to one general package, position and frame.

These press releases also revealed fewer attempts to medicalize obesity (than documented in previous framing papers) and appeared on the surface to spend less time, as compared to the media, analyzing the causes of obesity. These special interest groups (again, with the exception of Center for Consumer Freedom who used much of their press release text to describe the causes of obesity) used more of the press release to discuss distinct policy alternatives as they relate to solutions, rather than underlying causes.

Previous research has shown that the blame/responsibility frame can encompass those with lower socio-economic status (Lawrence) but press releases in this study revealed that the limited number of actors who chose to highlight health inequities supported the Everyone's Responsibility emphasis and the need to create a healthful environment for all. This distinction becomes important as health inequities continue to grow - if the media discusses health gaps in terms of blame and personal responsibility while other organizations such as the Robert Wood Johnson Foundation and California Endowment call for broad-based engagement, what results is a continued divide in the

discourse between moral failing and societal change.

Finally, it is important to highlight *when* actors chose to issue a press release either in response to, or to highlight, an IOM report(s). The majority of releases were issued the day of the report's release, responding directly to the report itself. Later press releases, usually those that came after one or more weeks of the report's release, were more likely to use the report to boost the organization or actor's agenda, policy, proposed legislation, etc.

D. Findings Related to Interpretive Packages

Stakeholders used either scientific certainty or uncertainty to make the case for increased action, or to stave off action. Elements of each report were dissociated from one another so that one organization could exploit the weaknesses in methodology or findings, while another organization could make more general conclusions about the strength of the findings. Highlighting uncertainty framed a problem definition, exploited gaps in methodology, and decided what should be taken as legitimate, or illegitimate, scientific evidence (Campbell 1985). "Since the authority of expertise is predicated on superior knowledge, the question of uncertainty touches on the credibility and importance of scientists as experts..." (Campbell 1985:429).

Both interpretive packages and emphases within them agreed on one overarching theme - their commitment to children's health. This rhetoric is not entirely surprising; it is nearly impossible to disagree with the desire to improve children's well-being. A deeper analysis within this theme revealed that perhaps the area of greatest overlap was actors' commitment to children's health in schools - both packages recognized

that schools are a unique environment and even industry groups acknowledged that parents are absent from this environment and are thus largely unable to make decisions for their children.

There were many differences, however, between the packages. In contrast to the Consumer Sovereignty emphasis, the Multiple Responsibility Package and the Self-Regulation emphasis within the Self-Reliance package both represented obesity policy from a wider lens than merely calories in and calories out.

Even though the Self-Regulation emphasis did focus on changes beyond “calories in versus and calories out,” their specific policies and ideas promoted were essentially the status quo. Their preferred policy alternatives - education, self-regulation, positive messaging, moderation and balance - have been in place throughout the period of rising obesity rates. Although Self-Regulation stakeholders might not explicitly state their support for personal responsibility, their preferred outcomes and agenda imply this frame. Perhaps because of increased pressure for industry to become part of the solution to preventing childhood obesity, Self-Regulation actors are less explicit, compared to the Center for Consumer Freedom, in their attempt to create a problem definition that focuses on individual behavior choices.

The differences between Political Responsibility and Everyone’s Responsibility were in who should act, and how - Political Responsibility stakeholders called on Congress to act and took perhaps the most politically risky position. Compared to Political Responsibility stakeholders, Everyone’s Responsibility stakeholders relied on a wider spectrum of actors, including communities, schools, states, foundations and local organizations. What remains a bit unclear is whether Everyone’s Responsibility calls

for everyone to act was in actuality a shift of responsibility onto nobody. If it is everyone's responsibility to act, then the specific actions and the resulting blame and responsibility is increasingly ambiguous and vague. Although Everyone's Responsibility might be the "right" approach, a mechanism for monitoring, enforcing, and holding accountable all stakeholders is missing.

Political and Everyone's Responsibility stakeholders more frequently discussed food and physical activity *environments*; with the exception of just a few organizations within Everyone's Responsibility, social factors (eg., inequities among minority groups) as either a root, consequence, or appeal to principle remained largely absent. Both also largely agreed with the overall goals and specific recommendations of the IOM report(s). There were a few exceptions within Political Responsibility; selected organizations thought the IOM recommendations were too weak and desired a stronger call for Congressional action. But for the most part, stakeholders within both Political and Everyone's Responsibility agreed with the IOM reports.

With the exception of Center for Consumer Freedom's Consumer Sovereignty emphasis, Self-Reliance package stakeholders largely agreed with the overall goals of the IOM report(s) but tended to disagree with the specific recommendations within each IOM report. They continued to promote self-regulation of both industry and the individual.

E. Implications for the Policy Process

Embedded within the origins of the policy sciences framework is a discussion about what constitutes a sound policy process. A sound policy process should seek to clarify

and secure common interests (Clark 2002); in other words, as Cromley (2001) explains, the process should be inclusive and open to broad participation, meet the valid expectations of participants, and as the policy is implemented or practically tested it should be responsive and adaptable in achieving the goals as the context changes (Clark 14-15). This framework, then, provides a template for situating Institute of Medicine Reports and related press releases, and understanding the role they play in the larger policy process.

The Institute of Medicine reports, at least on the surface, are intended to be objective reports presenting the findings and conclusions from objective science. In reality they become highly politicized documents where stakeholders not only respond to the reports but also selectively quote, exploit, maneuver and manipulate expert opinion. Actors frequently blend intelligence with promotion, which then influences other elements of both the social processes and decision functions. It is common to see, throughout society, instances where positions are pre-determined and the intelligence selected to fit the desired policy alternative.

The Center for Consumer Freedom, for example, focused on physical activity policy alternatives and in doing so highlighted the lack of evidence showing a link between food marketing and childhood obesity. The Center for Science in the Public Interest advocated for further government regulation of food marketing to children and highlighted the strong evidence linking food marketing to childhood obesity. Neither organization is entirely incorrect, but different intelligence was selected to define the problem and advance a desired policy alternative. Organizations with distinct agendas selectively appraised programs, policies and their individual efforts, while choosing the intelligence to support their perspectives. One Senate health staffer even

dubbed the IOM reports as “Democrats’ evidence” (Personal Communication 2008).

Given the complexity of obesity, it is easy for the public, policy makers, the media, and others to adopt industry rhetoric around a “commitment to children’s health.” It is also easy to adopt what has been mainstream ideology concerning personal responsibility across multiple social problems, be it HIV/AIDs, poverty, or education, for example. Personal responsibility has dominated in society and the burden of proof appears to be on those within both the Political Responsibility and Multiple Responsibility packages, for example, to change society’s focus.

What appears absent at the present time is an effective system or mechanism for holding special interest groups accountable for their words. This discourse analysis, although only one small piece of the policy process, suggests the need for two institutional changes.

First is the need for a media industry that is more proactive in their presentation of complex social and policy issues. It is important to put forth a more critical perspective of these issues, to highlight the rhetoric used by corporations and others, and to ensure they are criticized when there exists a clear gap between rhetoric and action. There is a need to debate and assess the effectiveness of self-regulation, through the media and elsewhere, and a need to give society the tools to routinely discern the motivations underlying corporate behavior.

Second, there is a need for stronger institutional mechanisms to link the distinct decision functions of the policy process, including intelligence, promotion, decisions, implementation, enforcement/sanctions, and monitoring over time. Press releases allow special interest groups to promote a small slice of their overall narrative,

including and excluding what they deem useful in advancing their special interest, while promoting other self-serving policy alternatives in other venues. In doing so, these groups can manipulate both the media and the public. This behavior underscores the need for institutional mechanisms to analyze, deliberate, and agree upon the nature of the problem, the range of solutions, the most promising solutions, the delivery mechanisms and the monitoring and enforcement procedures. In sum, a transparent system where diverse participants engage in each element of the social process and decision functions is necessary.

There are some institutions, organizations, and partnerships in place, such as the Institute of Medicine, and the Alliance for a Healthier Generation, that attempt to create platforms for multiple actors to come together, to create recommendations, advance certain policy alternatives or programs. But each of these is deficient in one or more respects in creating what could be an increasingly sound policy process. The IOM committees are a carefully crafted group of experts from a narrow range of disciplines lacking citizen participation and perhaps a wider range of perspectives; the Alliance for a Healthier Generation's self-endorsed and industry backed school beverage guidelines may lack sufficient monitoring and oversight.

F. Future Research

Future research might address how journalists interpret and select from a range of press releases. Because press releases frequently serve an intermediary function between organizations and the media, it is important to understand how and why journalists choose language from some press releases over others. In this same vein, research could ask various stakeholders what types of monitoring and enforcement

mechanisms they might suggest in holding the media accountable for their reporting.

Actors embedded in the policy process might also be able to suggest more transparent and accountable procedures for policy analysis, deliberation, and decision making. Processes and approaches that serve the public's interest, hold special interest groups accountable, and find effective policy solutions are crucial in preventing childhood obesity and dealing with a multitude of social problems embedded within the policy process.

Further research could also examine discourse over time, between an organization and within organizations. For example, a 2002 GMA press release title "New GMA Survey: 89% Of Americans Say Individuals Themselves Responsible For Obesity Problem" focused on individuals and personal responsibility. In contrast, GMA press releases in this study fall within the Multiple Responsibility package, acknowledging that industry has a role in children's wellness. This type of discourse tracking may make increasingly explicit organization's strategic decisions, as well as the frame shifts occurring over time and throughout society.

Finally, it will be important to track whether or not press release rhetoric matches action, and if the language used in press releases remains similar across venues and audiences. It's unclear whether or not, for example, the American Beverage Association makes one claim or statement in a press release while communicating something entirely different to their corporate shareholders, or perhaps, school officials. Given the increased commitment heard from industry and others, it is now a good time to move from evaluating rhetoric to evaluating action.

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CHAPTER 2

U.S. CONGRESSIONAL PERSPECTIVES ABOUT CHILDHOOD OBESITY POLICY

Abstract

Childhood obesity rates have tripled for youth since the 1970s but in recent years Congress has not passed obesity prevention legislation. Congressional action to prevent childhood obesity is heavily influenced by Congressional staffers working on this and related issues, yet the perspectives of these staffers remains relatively unknown. For this reason, it is important to understand the perspectives of these staffers in an attempt to reveal how these individuals think about the role of Congress as it relates to childhood obesity. This study captures a range of staffer perspectives using Q methodology and follow-up interviews. Q statements were developed from press releases issued by a number of organizations responding to obesity-related Institute of Medicine reports. Statements suggested a range of actors responsible for preventing childhood obesity and employed a number of policy alternatives; each statement was also divided by its suggested level of Congressional action. Using PQMethod software, three perspectives emerged – Government Action Advocates, Select Government Action Advocates and Personal Responsibility Advocates. Government Action Advocates agreed with the greatest number of “more Congressional” action statements, Select Government Action Advocates agreed with the greatest number of “neutral Congressional” action statements, and Personal Responsibility Advocates agreed with the greatest number of “less Congressional” action statements. Only one statement, creating healthier workplaces and increasing access to healthy food and physical activity in neighborhoods and schools, was ranked as one of the eight-most agreed statements by all three perspectives. Two statements,

the idea that restricting foods in schools is inadvisable because it limits choice, and that that kids food purchases in schools are a personal choice, were ranked as one of the eight-most disagreed statements by all three perspectives. One statement was ranked positively by Personal Responsibility Advocates that called for “more Congressional” action; this statement emphasized support for research, investment in public goods, accurate information/labeling and tax or grant incentives to state and local governments. This study highlighted the strong partisan divide among staffers, the range of factors involved in staffer decision making, the subjectivity embedded in staffer’s opinions and general worldviews, and the nuanced perspectives not detected by questionnaires or surveys alone. These perspectives also confirmed a number of necessary factors to help make childhood obesity an increasingly politically salient issue. There is a need to engage citizens in the policy process and to make their presence felt on Capitol Hill, to reframe the issue to gain greater political traction, to continue to grow the evidence base linking the environment to policy and overall wellness, and to educate staffers about the connection between these environmental factors and individuals’ food and activity choices.

Introduction

The appropriate role for the federal government in protecting the public’s health is frequently debated among policy makers, advocates, and a multitude of stakeholders. The recent rise in childhood obesity has once again brought to the fore ideas and conflicting perspectives around government action to improve children’s health in particular. Selected members of both the Senate and House of Representatives have introduced legislation in response to rising obesity levels, but few have gained any momentum. For those that have gained at least some attention in recent years, none

have passed at the federal level. For example, the Child Nutrition Promotion and School Lunch Protection Act, which would set a national nutrition standard for all foods sold outside of school meals, was inserted as an amendment into the farm bill but was removed prior to the bill's passage. Given the increase in childhood obesity rates and the dire predictions concerning the consequences for health and health care costs, the roadblocks to action remain unclear.

The items in an elected official's portfolio and the stances they take on specific issues and legislation are complex and nuanced decisions involving many considerations. Behind these decisions are advisers to Senators and Congressmen about what bills to sponsor, cosponsor, or support in some other way. These Congressional staffers have a large influence on moving forward or blocking legislation. In the context of childhood obesity, it is the health and agriculture-related staffers that advise elected officials about what bills, policies, and programs to support or oppose. This study uses Q methodology to examine the perspectives of these staffers in an attempt to reveal how these individuals think about the role of the Congress as it relates to childhood obesity.

The multiple causes and consequences for childhood obesity make it an especially compelling issue in which to study perspectives. The numerous actors involved in the policy process have established or adopted a variety of problem definitions that imply responsibility for different actors, when they should act, and how. Debate continues about the appropriate role for the government, and more specifically, the appropriate role for Congress. Perspectives are shaped not only by supposedly objective facts and evidence but also to a large extent by values, interests, beliefs and ideologies that are, by definition, subjective. It is these subjective factors that drive politics and policy

decisions; thus, they must be understood if the public health community is to move beyond a supposedly value-neutral, evidence-based narrative about how policies should be decided.

Previous studies have only implicitly begun to tap into actors' distinct values, interests, beliefs and ideologies. Framing¹ analyses of media stories, public opinion studies, state level analyses of factors leading to obesity-prevention action, and Brescoll et al.'s (2008) most recent research examining the feasibility and effectiveness of federal level obesity policies have begun to highlight the range of perspectives within and between distinct groups of stakeholders. Oliver and Lee (2005) revealed a public that most heavily supported policies targeting *childhood* obesity as well as increased support for civil protections for the overweight and obese among older, less educated, poor, African American and Latino study participants (943). Evans's et al. (2005) public opinion study showed that over 90% of respondents believed parents have "a lot of responsibility" to reduce childhood obesity while under 17% of respondents believed the government had "a lot of responsibility" to reduce childhood obesity (29). Panagopoulos' (2006) series of obesity polls revealed a public that ranked poor eating habits/availability of fast food and not enough physical activity as the top two factors causing obesity among children. As of July 2003, 84% of those polled believed that the government should pass laws to prevent lawsuits where parents could sue major snack food companies if they believed their child became obese from eating junk food and drinking soft drinks; as of September 2005, this same study revealed 56% opposition to a new government tax on junk food in order to

¹ Robert Entman, in his 1993 *Journal of Communication* paper (43: 51-8. P. 52), "Framing: Toward Clarification of a Fractured Paradigm" defines framing as: "select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation."

reduce obesity among children and adults, similar to existing government taxes on cigarettes and alcohol. At the state level, Cawley and Liu (2008) found more obesity-prevention action in states “with a greater gap between adults’ actual and desired weight, a higher percentage of college-educated adults, a higher percentage of African-American residents, a Democratic governor, or a legislature not controlled by Republicans” (162).

At the federal level, Brescoll et al.’s (2008) study began to reveal some of the perspectives underlying selected scientific experts in nutrition and physical activity on federal obesity and related public health policies. The participants in this study included, among other experts, six federal legislative staff members (four Democrats, two Republicans) who were asked to rate fifty-one different policies based on their political feasibility. Outright bans on certain activities and federal government mandates on schools were rated as politically infeasible; nutrition labeling on menus in schools was rated as moderately feasible; education and information-based policies were rated as more feasible; and funding for research was rated as politically feasible. This focus on feasibility and effectiveness, however, did not reveal the underlying values, interests, and ideologies driving these individuals’ perspectives and was not conducted in such a way as to shed light specifically on those actors most directly involved in the legislative process, namely legislators and/or their staff.

Possibilities and Debates Concerning a Federal Role

Public health professionals frequently argue that the government already has a role in our food system and because of this, should also have a role in preventing childhood obesity. Congress subsidizes many commodity crops through the U.S. farm bill, the USDA determines school meal standards and provides both money and food to schools through the School Breakfast and National School Lunch Programs. The government has mandated the Nutrition Facts labels, established the *Dietary Guidelines for Americans*, and the Food Guide Pyramid, for example. The federal government has also written numerous reports, ranging from the 1979 Surgeon General's Report, *Healthy People*, to the most recent report *Healthy People 2010*, that have focused on promoting public health, reducing health disparities and addressing overweight and obesity (U.S. Department of Health and Human Services 2008). These advocates tend to argue that if the government were more invested in the public's health, productivity in the workforce would increase, the economy would strengthen, health care expenditures would decrease, and overall wellness would improve (Schroeder 2007).

Other actors feel the government has little or at most, a limited role in preventing childhood obesity. These actors might feel inclined to support "positive messaging" but would be unlikely to support any bans or regulations on the food industry, the media or other companies (Lewin 2009). Like the tobacco industry (Jacobson, Wasserman and Anderson 1997), the food and beverage industry is a powerful actor in the political arena (Nestle 2002) and has lobbied against many of the introduced but currently stalled obesity-related bills (eg., National Restaurant Association 2008). Industry also makes campaign contributions, funds obesity-related research and is sometimes hired as consultants (Nestle 2002). They and their trade organizations promote self-regulation and have made attempts to show their commitment to obesity prevention, without Congressional oversight (Lewin 2009). State and local policies, threats of litigation, changing consumer demand and a general public relations boost (Mello 2008) put pressure on the food industry to present themselves as taking constructive action, but while preventing external oversight and accountability (Boddewyn 1988, Hawkes 2007). The Children's Advertising Review Unit (CARU), established and funded by industry (Institute of Medicine 2005) to oversee marketing to children and deemed largely ineffective by public health professionals (Rudd Center for Food Policy and Obesity 2008), is one such example of these self-regulatory efforts. Another example is The Alliance for a Healthier Generation, a partnership between the William J. Clinton Foundation and the American Heart Association, which came together with the beverage industry to establish a set of self-regulated and industry backed school beverage guidelines. The Alliance for Healthier Generation's guidelines have also been criticized on many grounds, namely that it is less restrictive than many state and local policies, is largely non-binding, has a long-phase in period, is voluntarily implemented and doesn't revise already established vending contracts (Mello 2008).

This present study adds two new elements to the current research on obesity policy by focusing specifically on U.S. Congressional staffer perspectives and by examining their perspectives and policy preferences in greater detail. The goal is to reveal the range of perspectives, the potential for common ground, and the implications for future legislative action.

Methods

Q methodology was first developed by William Stephenson in 1935 (Stephenson 1935a, Stephenson 1935b) and has more recently been articulated by Steven Brown, among others (Brown 1980). Stephenson developed Q to help reveal the subjectivity embedded in any situation, from the standpoint of the person participating in the Q study (Brown 1996). As the debate around the role of government in dealing with obesity continues, Q methodology can help reveal the distinct and overlapping perspectives of staffers advising elected officials.

The first step involves the formation of Q statements, later sorted by the Q participants. These statements are primarily developed from a set or spectrum of ideas the researcher wants to capture. The goal is for the set of statements to reflect a discourse and range of perspectives about a topic. The statements are read by other researchers, academics and lay citizen for accuracy and ease of understanding.

The following steps involve both a statement sort and post-sort analysis.

A. Procedures

Participants involved in a Q study sort each statement on a normal or quasi-normal distribution grid, in this case from strongly agree to strongly disagree (Jordan, Capdevila and Johnson 2005). The majority of statements must be sorted towards the center of the distribution (mildly agree, neutral, mildly disagree) with the fewest number of statements permitted on the extremes (strongly agree, strongly disagree). This imposed distribution system forces participants to rank each statement relative to

every other statement thereby stimulating a deeper consideration of tradeoffs and values. A participant may agree with more statements than are allowed in that category, but is then forced to rank these statements comparing them to one another.

Following the Q sort by each participant, the researcher factor analyzes the completed sorts. This reveals several groups of participants who sorted the set of statements similarly. Unlike traditional (R) factor analysis, Q analysis inverts variables and participants in the data matrix so that participants rather than variables are categorized based on their similarities to one another in the final sorts (Brown 1980). By analyzing the constellation of statements sorted into the more extreme categories, taken as a whole, the analyst seeks to identify salient themes and overall perspectives. It is then possible for the researcher to identify, analyze and interpret the different perspectives that emerge among those who participated in the sort. Specific statements that contribute to each perspective are revealed. Q method also detects statements that are significant in more than one perspective, polarizing statements that rank most differently between two or more perspectives, as well as consensus statements that aren't distinctly different between any pair of perspectives. PQMethod software (Schmolck 2008) is used to detect and analyze each perspective.

B. Concourse of Statements

Q statements were generated using text from press releases issued by those stakeholders responding to obesity related Institute of Medicine reports.^{2,3} Lewin previously examined and documented the range of obesity policy perspectives in these

² IOM reports included Preventing Childhood Obesity: Health in the Balance (2004), Food Marketing to Children and Youth: Threat or Opportunity? (2005); Progress in Preventing Childhood Obesity: How Do We Measure Up? (2006); Nutrition Standards for Food in Schools: Leading the Way Toward Healthier Youth (2007)

³ See Appendix 1 for a complete list of press releases.

press releases (Lewin 2009). Four overarching domains were identified in which childhood obesity was discussed - the food environment, activity environment, information environment (eg., menu labeling, public service announcements), and upstream social factors (eg., health inequities stemming from poverty, racism, etc.) - and a spectrum of personal responsibility/amount of Congressional action was identified within each domain. Table 3 outlines these four domains and the spectrum of personal responsibility.

Table 3: Intervention Domains and the Spectrum of Personal Responsibility

	Roles of Individuals & Families (personal responsibility)	Roles of Others (government, companies, schools, health care, communities, etc)
Food domain	Make healthful choices (& model for others).	Make healthy choices the easy choice. Enable & promote access to a healthful food environment.
Activity domain	Make healthful choices (& model for others).	Enable & promote access to a healthful physical activity environment.
Information & education domain	Apply information and knowledge in making choices.	Inform, educate & promote.
Upstream Social Domain	Access, apply and reinforce the opportunities for positive youth development.	Create and support the social, economic and cultural conditions for positive youth and family development.

Statements from these press releases were then selected to fit these four domains and this spectrum of personal responsibility/amount of Congressional action. To reduce complexity for the sorter, and to increase clarity in the results, press release wording was altered to generate a set of statements where each statement was understandable to a reader and had a minimal number of central themes or ideas. There were a total of 40 statements; 15 statements suggested “less Congressional” action, 6 suggested “neutral Congressional” action and 19 suggested “more Congressional” action.

Appendix 2 provides the complete list of numbered Q statements, together with the proposed level of Congressional involvement.

The “more Congressional” statements were coded as such if they included actions that implied direct action Congressional action. These statements focused, for example, on mandates and regulations on the food industry and Congressional investment in public goods and research.

The “neutral Congressional” statements were coded as such if they *could* have included Congressional action, but did not say so explicitly. These statements focused, for example, on healthier workplaces and positive messaging to encourage healthier lifestyles.

The “less Congressional” statements were coded as such if they included actions that focused attention away from Congress or explicitly stated actions Congress should not take. These statements focused, for example, on parent responsibility, the home environment, and state and local, rather than Congressional, action.

Follow-up qualitative interviews questioned staffers about their sort, specifically why they sorted statements on the extremes (most disagree or most agree), barriers related to federal level childhood obesity policy, and suggestions on how to reframe the issue to make childhood obesity increasingly salient for Congress.

C. Participants

Approximately 20% of eligible (20 of 101 staffers; 28 Senate, 73 House of Representatives) Congressional staffers participated in this study. There were 11

Democrats and 9 Republicans, all of who worked for a Senator or Congressperson who sat on either a House of Representatives (13 staffers) or Senate (7 staffers) health or agriculture related committee⁴ and worked specifically on nutrition-related issues. Three of the twenty participants were African-American. All 101 staffers were initially contacted by phone and those who agreed to meet (after the initial phone call and follow-up email) were included in the Q study.

Staffers did not participate in this study if they failed to respond to, or turned down, a request to meet. The majority of staffers that turned down a request did so because his/her office had a policy against meeting with researchers. Additional staffers did not participate because they either failed to return both a call and email, or responded after the data collection deadline. Staffers were excluded from the initial population if they met with the author of this study the previous year for in-depth interviews related to obesity policy and their perspective on personal responsibility.

D. The Sort

Each statement was written on an index card. A scale from -3 to +3 was used to sort and rank the set of 40 statements. Researchers used the standard forced quasi-normal (minimally skewed) distribution for Q, with the fewest statements ranked in the most

⁴ Included the staffers of the Chairmen and Ranking Minority Members of the following committees, as well as staffers from the following subcommittees: Senate Committee on Agriculture, Nutrition, and Forestry (Nutrition and Food Assistance, Sustainable and Organic Agriculture, and General Legislation Subcommittee), Senate Committee on Health, Education, Labor, and Pensions (Children and Families Subcommittee), House Committee on Agriculture (Subcommittee on Department Operations, Oversight, Nutrition, and Forestry), House Committee on Education and Labor, (Healthy Families and Communities Subcommittee), House Committee on Energy and Commerce (Health Subcommittee), House Committee on Ways and Means (Health Subcommittee)

extreme categories. The breakdown of categories and the number of statements in each category is detailed in Table 4.

Table 4: Statements, Meaning, and Number of Statements Allowed in Each Category

Rank	Meaning	# of Statements Allowed in Each Rank
-3	strongly disagree	3
-2	disagree	5
-1	slightly disagree	7
0	neutral	10
1	slightly agree	7
2	agree	5
3	strongly agree	3

Staff members were met in their individual Senate or House offices and were told to sort each statement based on their personal perspectives, rather than that of their office; each Q sort and follow-up interview took approximately 45 minutes to one hour.

E. Analysis

PQMethod was used to analyze the Q sorts (Schmolck 2008). Centroid Analysis was used to detect similarities among Q sorters and Varimax rotation was used to identify each perspective as well as distinguishing and consensus statements between perspectives. Perspectives revealed those staffers that had significant similarity in the way they sorted the set of statements.

Results

After examining two, three, four, five, six, and seven perspectives, three perspectives remained after examining the interpretive plausibility⁵ of, and the number of people representing, each perspective. In other words, perspectives that were most different from each other and still plausible, and had at least three staffers represent each perspective, were further analyzed with PQMethod. 19 of the 20 sorters were represented by one of the three perspectives. The three perspectives revealed from this Q study were: Government Action Advocates (GAA), Select Government Action Advocates (SGAA), and Personal Responsibility Advocates (PRA).

A. Agreed Statements

Table 5 lists the eight-most agreed statements within each of the emergent perspectives. The second column states the amount of Congressional action suggested by each statement. The right three columns list both the Z-score⁶ within each perspective (upper cell) and the average rank within each perspective (lower cell). The average rank range is between -3 and +3.

⁵ The Principle of Interpretive Plausibility occurs when “An adequate interpretation must unproblematically and plausibly account for the text(s) it proposed to interpret.” (Brickhouse and Smith 2000:3)

⁶ Statements with the highest (+) Z-scores most strongly agree with a particular perspective.

Table 5: Eight-Most Agreed Statements within Each Perspective

Statements	Congressional Action Suggested	GAA	SGAA	PRA
6 Getting junk food out of schools, promoting fruits and vegetables, putting nutrition info on chain restaurant menus, and scrutinizing food ads on children's television programming are four things Congress should act on right now to advance the Institute of Medicine's recommendations.	More	1.73*	-1.23*	-.39*
		3	-2	-1
32 The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children.	More	1.59*	.86	-.33*
		3	2	0
8 Since there are significant social disparities in childhood obesity and in the ability of families to address it, it is appropriate for the federal government to use taxpayer money to address the underlying social issues. This may entail such things as ensuring access to preventive health care, nutrition counseling, child care subsidies, and community-level improvements in infrastructure to encourage physical activity, and so on.	More	1.46	1.96	-.31*
		3	3	0
7 USDA currently uses outdated and incoherent nutritional guidelines for school foods. Making matters worse, those guidelines apply only to the school cafeteria during mealtime. Kids need only walk outside of the cafeteria in order to purchase soft drinks, chips, and candy bars. This is a junk-food loophole big enough to drive a soda pop delivery truck through. It's time to close this loophole with federal legislation.	More	1.16*	-.56	-1.18
		2	-1	-2
13 There should be an emphasis on creating healthier workplaces and increasing access to healthy food and physical activity in our neighborhoods and schools. These are critical elements of a serious obesity prevention strategy that can turn this epidemic around. Making it easier for people to make healthy choices where they live, work, and play will also address diabetes, heart disease, and other chronic health problems that cut lives short and run up health care costs for everyone.	Neutral	1.14	2.28*	1.07
		2	3	2
14 Many kids lack affordable, accessible and safe places to get physical activity. There should be federally mandated minimum physical education requirements and along with this, state and local governments should implement policies/programs that are sensitive to local issues and needs and can help increase a child's activity level.	More	1.07*	-.19	-.96
		2	0	-1

Table 5: (continued)

5 But frankly, how many more reports do we need before the government actually starts adopting some obesity prevention policies? How many more kids will start on a lifetime of disease before the nation starts treating this epidemic like an epidemic? It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and the young victims of this epidemic, the Institute of Medicine reports makes it clear that industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More	.99*	-.38**	-1.23
		2	-1	-2
40 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will re-direct the behavior of the private sector and individuals. This may entail such things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.	More	.97*	-.85	-1.5
		2	-1	-3
36 Just as broad-based approaches have been used to address other public health concerns—including automobile safety and tobacco use—obesity prevention should be public health in action at its broadest and most inclusive level. Prevention of obesity in children and youth should be a national public health priority.	Neutral	.86	1.37	.35
		1	3	0
17 We should invest significant public funds to promote “nutrition literacy”, to educate consumers and especially parents so they can make healthy choices for their children. The imbalance between federal expenditure on nutrition education and private, commercial food and beverage advertising expenditure must change.	More	.71	1.26	-.39*
		1	2	-1
34 Social disparities in childhood obesity are well documented in CDC data. But addressing this involves much more than promoting healthy eating and active living in these communities. Such promotion cannot be effective unless or until we also address the root social causes of these disparities such as poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, knowledge and resources. These factors are an overlooked cause of childhood obesity and undermine the effectiveness of healthy eating/active living efforts in these communities.	Neutral	.79	1.21	.39
		1	2	1

Table 5: (continued)

19 Use public education to conquer obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must ensure health education and healthy lifestyles concepts across the curriculum.	Neutral	-.08	1.13*	.32
		0	2	0
39 The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit.	More	-.60	1.02	.86
		-1	2	2
10 The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.	Less	.01	.83*	2.11*
		0	1	3
30 Parents today set poor examples for their children. They must create a home environment that fosters positive child development to ensure kids grow into happy, healthy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving environment for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.	Less	- 1.15*	-.12	1.80*
		-2	0	3
37 Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in placing responsibility on the federal government. It is not the role of the federal government to set standards or mandates for these lower levels of government.	Less	-1.30	-1.96	1.58*
		-2	-3	3
31 Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure healthy and positive youth development. Issues differ in each community and our town leaders, rather than the federal government, are best suited to make these community-wide decisions. In low-income and diverse communities, for example, competing problems, lack of funds, overburdened local infrastructures and cultural differences may reduce the effectiveness of initiatives. Programs must be tailored to be more effective in these places.	Less	.05	.54	1.51*
		0	1	2

Table 5: (continued)

12 Physical education classes are important to ensure that young people have a minimal, regular amount of physical activity and to help establish physical activity patterns that may be carried into adulthood. The federal government can encourage this but it is local governments that have jurisdiction over physical activity in schools.	Less	- .84	-1.05	1.49*
		-1	-2	2
15 Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.	Less	-.64*	.43*	1.42*
		-1	1	2

Note: Shadow grey indicates one of the eight-most agreed statements with a given perspective; * Indicates a distinguishing statement with p-value of <.01.; Bolded numbers & * indicate that the statement was distinguishing and an agreed statement (positive Z-score) for a given perspective; Unbolded & * indicate that the statement was distinguishing but was a disagreed statement (negative Z-score) for a given perspective.

i. Perspective 1: Government Action Advocates (GAA) Agreed Statements

Government Action Advocates, all of whom were Democrat staffers, agreed with statements that called on the federal government to act on a wide range of policies (6, 32, 8, 7, 14, 5, 40, 36).⁷ Representing the sentiment of many staffers within this perspective, one staffer noted, “Enough already with the research. It’s time to act.”

These staffers strongly agreed with the need for Congress to take specific actions, such as getting junk food out of schools, promoting fruits and vegetables, menu labeling, scrutinizing food advertisements (6), updating school food standards (7) and mandating physical education (14).

⁷ Numbers in parentheses, unless otherwise noted, indicate statement number.

By addressing food marketing, one staffer stated, “you will have a far more tangible, discernible effect” while another staffer noted, “reign in the unbelievable marketing of this crap to kids...pull coke out of schools...” To underscore these points, yet another staffer stated how “across the board they [school food standards] are out of whack, with too much fat and not enough vegetables.”

They also largely agreed with federal government action to address physical health, emotional stability and, in general, social disparities (32, 8). One staffer noted, “We need regulation where communities of color won’t get screwed. The disadvantage of leaving it to states and localities is that a lot of people are just going to get left out. It’s very rare that state and local campaigns will collectively lift each other up.” Another staffer stressed access to fresh fruit, stating, “How can you expect someone to eat healthy if you have to get on a bus for hours to get fresh fruit?”

One staffer representing Government Action Advocates, however, was reluctant to focus on social disparities. He noted how a focus on these upstream issues might “provide fodder for the food industry” or “give them rhetoric to use to argue how the problem is much bigger than changes the food industry could make.”

These staffers also called for the creation of healthier workplaces and access to healthy food and activity in neighborhoods and schools (13).

Many staffers representing this perspective also noted the connection between Congressional action and local change. One staffer commented that “The federal government can give money to community development organizations,” while another noted, “it is the role of the federal government to be both top down and serve as a

catalyst for local change; it will take carrots and sticks - the carrot provides the momentum.”

ii. Perspective 2: Select Government Action Advocates (SGAA) Agreed Statements

Select Government Action Advocates also all Democrats and including the three African-American staffers, did not demand federal government mandates, regulations, or new legislation. As one staff member representing the Select Government Action Advocates noted, “I don’t like a lot of legislation that deals with trying to curb peoples choices. To a degree I’m open to it especially with kids, but personally I prefer laws to make things available to people and not to restrict.”

Instead, Select Government Action Advocates agreed with statements that, more generally, recognized a role for the federal government (32, 8, 36). Of the specific Congressional action statements, Select Government Action Advocates agreed with using taxpayer money to address underlying social issues (8), investing in public funds to promote “nutrition literacy” (17), using public education to conquer obesity (19), and supporting research, investing in public goods, accurate information/labeling and providing tax or grant incentives to state and local governments (39). To underscore this point, one staffer noted that the role of Congress is to be “a catalyst for local change.”

Responding to a statement about social disparities (8), one staffer stated, “In dealing with poverty and social disparities, the federal government should be very hands on. Especially if you look at what’s happened in the past ten years you see the marketplace hurting the average American family. It’s not so much policies but the

lack of action to do anything about it.” Another noted, “When people feel like positive members of society people they will be prone to making positive healthy decisions. It is the role of federal government to address these issues because as a result of this people make poor choices.” Finally, one staffer mentioned that disparities differ by geographic region and that “the federal government should step in to equalize these disparities.”

Another staffer stressed the importance of access to healthy foods, stating how “People who live in impoverished areas don’t have access to grocery stores. The government has to provide places where people can make proper choices. At the federal level we could implement legislation for all regions to have a decent grocery store.” Staffers highlighted financial challenges around eating healthy foods, stating that “people pay a premium to eat healthy,” that “Whole foods has done a good job marketing a lifestyle but some can’t afford that lifestyle, and some don’t want that lifestyle.”

A few staffers thought food marketing was discussed too much, that it could be somewhat of a red herring and/or middle-income issue and that instead, some of the more upstream issues should be addressed at the federal level.

These staffers also agreed with society’s need to create healthier workplaces and access to healthy food and activity in neighborhoods and schools (13), with a general need to address social disparities (34) and to focus not only on a healthy diet and moderation, but also physical activity and parent responsibility (10).

iii. Perspective 3: Personal Responsibility Advocates (PRA) Agreed Statements

Personal Responsibility Advocates, all of whom were Republicans, agreed with personal responsibility, parent responsibility (10, 30, 15), and a focus on physical activity (10). One staffer noted that “Personal responsibility is a better way of solving obesity than mandating” while another staffer noted, “Responsibility for a healthy diet starts at home and is not the responsibility of the federal government to mandate anything.” Agreeing with statement 30, one staffer commented, “Racial issues should be learned at home” and that “we give people a license to drive and we don’t need a license to have a kid.”

In advocating personal and parent responsibility, these staffers also noted the need for industry involvement. One staffer commented, “it’s going to take everybody, you need industry buy-in.”

In general they agreed with a minimal role for the federal government and instead emphasized state and local action (37, 31, 12). These staffers argued that “local government is where change is made” that “it is not the role of the federal government to set standards - it’s very much a state and local issue,” that the “obesity epidemic is better solved at the local rather than the federal level” and that “most of these issues shouldn’t be a responsibility of the federal government.” One staffer noted that policies must be context dependent, that “the reasons for childhood obesity in rural Tennessee are different from reasons for obesity in urban Philadelphia...a top down approach is not the best way.” Finally, one staffer summed it up by stating, “I would rather have the federal government working with state and local governments rather than heavy-handed mandates.”

These staffers also supported physical education classes that were determined by local governments (12). “Localities know best...depending on where you are depends on what works best. You have to know what the community has and go with that.”

Another staffer stated, “Physical activity classes are important but big brother can only do so much - a lot of the problem is not just fast food and soft drinks; children are more sedentary, playing more video games.”

If Congress is to become more involved, staffers within this perspective stressed nutrition education, an investment in research and public goods (39). Two staffers noted that “nutrition education is a good idea for schools” and that “there’s a role for federal government in nutrition education. We need to have a reliable source of information from somewhere...and we should start this education with kids.”

Although these staffers advocated for voluntary industry decisions including the release of nutrition information, more than one believed that “the government has a role to ensure that any information provided is accurate.”

One staffer noted, “there’s nothing wrong with grant programs to encourage school or local programs and change,” while another noted how “there is both a personal responsibility and civic responsibility. The federal role is supporting evidence-based programs through grants to let local governments determine [programs]...but it’s okay to have benchmarks at federal level.” Another argued, “There’s a place for congress but not at the level of trying to dictate behavior; should provide resources to have information which could be through social marketing, public awareness, research...” Finally, one staffer noted, “The best thing the federal government can do is research, surveillance, tracking, awareness, education campaigns, standards for meals in public schools...the standards should be whatever a scientific body thinks the standards

should be.” This staffer seemed to also agree with school food standards, which in large measure contradicted the general perspective Personal Responsibility Advocates (disagreement with statement 7).

Table 6 lists the Q statements that represented the eight most disagreed statements within each of the emergent perspectives. The second column states the amount of Congressional action suggested by each statement. The right-most three columns list both the Z-score within each perspective (upper cell) and the average rank within each perspective (lower cell). The average rank range is between -3 and +3.

Table 6: Eight-Most Disagreed Statements within Each Perspective

Statements	Congressional Action Suggested	GAA	SGAA	PRA
1 Restricting and/or limiting high-calorie, low-nutrient foods and beverages in schools is not advisable because it cuts down on the range of choices available to students.	Less	-2.13	-1.58	-1.37
		-3	-3	-2
35 Kids’ food purchases in schools are a personal choice. If they want to eat french fries and cupcakes, then they should be able to buy these items.	Less	-2.01*	-1.16	-1.23
		-3	-2	-2
4 Popular candies and snacks can be in the marketplace, but children who are educated about making healthy food choices will know how to make the choices that are best for them.	Less	-1.57*	-.54*	.46*
		-3	-1	1
11 The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to ensure that they get adequate physical activity each day. Too much attention is being directed at food intake.	Less	-1.43*	.24	.7
		-2	0	1
37 Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in placing responsibility on the federal government. It is not the role of the federal government to set standards or mandates for these lower levels of government.	Less	-1.30	-1.96	1.58*
		-2	-3	3

Table 6: (continued)

30 Parents today set poor examples for their children. They must create a home environment that fosters positive child development to ensure kids grow into happy, healthy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving environment for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.	Less	-1.15*	-.12*	1.80*
		-2	0	3
3 Now that we have scientific clarity from the Institute of Medicine, it is Congress and corporate America's job to do the right thing. Congress did their job by funding a study on school guidelines for schools, but the recommendations from the Institute of Medicine should be voluntary rather than mandated by Congress or USDA.	Less	-1.09	-.73	.26*
		-2	-1	0
16 Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice.	Less	-1.03*	.32	.41
		-2	0	1
29 Parent's choices about their children's eating habits are undermined by junk food ads everyday. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes entice kids to eat fast food and sugary snacks. The childhood obesity epidemic is real, and the federal government must act now to curtail these junk food ads.	More	.33*	-1.64*	-.81*
		0	-3	-1
6 Getting junk food out of schools, promoting fruits and vegetables, putting nutrition info on chain restaurant menus, and scrutinizing food ads on children's television programming are four things Congress should act on right now to advance the Institute of Medicine's recommendations.	More	1.73*	-1.23*	-.39*
		3	-2	-1
24 Sadly, the profit motive of some media moguls outweighs their desire to contribute to the well-being of the nation's children. We need broad based buy-in, including legislation from the federal government, to take steps to safeguard our children from harmful messages that promote unhealthy eating habits.	More	.63*	-1.13	-1.18
		1	-2	-2

Table 6: (continued)

27 Children face unprecedented nutritional risk at school. The federal government must work with schools to promote healthy foods and limit junk food ads. We need legislation that restores authority to the Federal Trade Commission (FTC) and would give FTC the power to restrict the advertising of junk food to children under age 18. Another bill should address the onslaught of junk food marketing to children in schools-giving the U.S Secretary of Agriculture the authority to prohibit all junk food advertising in schools where parents are not present.	More	.83*	-1.12	-1.38
		1	-2	-3
12 Physical education classes are important to ensure that young people have a minimal, regular amount of physical activity and to help establish physical activity patterns that may be carried into adulthood. The federal government can encourage this but it is local governments that have jurisdiction over physical activity in schools.	Less	-.84	-1.05	1.49*
		-1	-2	2
40 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will re-direct the behavior of the private sector and individuals. This may entail such things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.	More	.97*	-.85	-1.50
		2	-1	-3
9 The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that ensure positive youth development and overall wellness.	More	.37	.81	-1.37*
		0	1	-3
5 But frankly, how many more reports do we need before the government actually starts adopting some obesity prevention policies? How many more kids will start on a lifetime of disease before the nation starts treating this epidemic like an epidemic? It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and the young victims of this epidemic, the Institute of Medicine reports makes it clear that industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More	.99*	-.38*	-1.23*
		2	-1	-2

Table 6: (continued)

9 The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that ensure positive youth development and overall wellness.	More	.37	.81	-1.37*
		0	1	-3
5 But frankly, how many more reports do we need before the government actually starts adopting some obesity prevention policies? How many more kids will start on a lifetime of disease before the nation starts treating this epidemic like an epidemic? It's time for action. If we don't act, America's kids will just get heavier and healthier. While the food industry places all the blame on parents and the young victims of this epidemic, the Institute of Medicine reports makes it clear that industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More	.99*	-.38*	-1.23*
		2	-1	-2
7 USDA currently uses outdated and incoherent nutritional guidelines for school foods. Making matters worse, those guidelines apply only to the school cafeteria during mealtime. Kids need only walk outside of the cafeteria in order to purchase soft drinks, chips, and candy bars. This is a junk-food loophole big enough to drive a soda pop delivery truck through. It's time to close this loophole with federal legislation.	More	1.16*	-.56	-1.18
		2	-1	-2

Note: Shadow grey indicates one of the eight-most disagreed statements with a given perspective; * Indicates a distinguishing statement with p-value of <.01.; Bolded numbers & * indicate that the statement was distinguishing and a disagreed statement (negative Z-score) for a given perspective; Unbolded & * indicate that the statement was distinguishing but was an agreed statement (positive Z-score) for a given perspective.

B. Disagreed Statements

An examination of the statements that various participants most disagreed with provides an opportunity to confirm or disconfirm the themes emerging from the most agreed statements. The results summarized below reveal strong consistency in these themes.

i. Perspective 1: Government Action Advocates (GAA) Disagreed Statements

Government Action Advocates disagreed with statements that emphasized choice in schools (1, 35), choice in the marketplace (4), and a focus on education (4), parent responsibility and physical activity (11, 30). One staffer stressed how he “agreed with choice to an extent, but that we should place kids in an environment where the choices they have are positive choices.” Another noted, “We’re talking about childhood obesity and kids don’t make choices and we don’t give kids pornography.”

This perspective also stressed the complexity of obesity, that it is not necessarily only the home environment and parents that set poor examples for their children. Many staffers commented on this notion of personal and/or parent responsibility and personal choice by stating, “there is not one single cause or solution,” “personal responsibility is just complete rhetoric,” and “maintaining choice in lieu of standards is a bogus argument but we hear it a lot.” One staffer sympathized with kids’ sometimes poor food choices, noting “We were all kids we all know what it’s like to want to eat junk - clearly they’re not rational beings at all times.”

One staffer commented that staffers tend to focus on physical activity because “tackling physical activity is less politically risky.”

These staffers disagreed both with limiting Congressional action and an emphasis on state and local action; they also disagreed with voluntary rather than mandated school food guidelines, voluntary nutrition information on menus, and voluntary food package labels (3, 16). Many staffers noted, “The federal government is already doing a lot to change our diet. They are subsidizing junk...it’s the same thing with climate

change, we're subsidizing horrible behavior." Another staffer stated, "Federal control of the diet is there. It's not obvious, but it's there." Finally, one staffer pointed out both the ideological distinction between Democrats and Republicans, and the connection between industry and Republicans, noting "Company philosophy is deregulation...the whole Republican party runs on free markets."

With respect to voluntary regulation, one staffer stated, "We need federal regulation. Self regulation doesn't work."

ii. Perspective 2: Select Government Action Advocates (SGAA) Disagreed Statements

Select Government Action Advocates most strongly disagreed with shifting obesity prevention from national standards or mandates to local and state government (37). This statement confirmed that Select Government Action Advocates did see a role for Congress and in fact is a stronger call for mandates and regulations than any of their positively ranked (agreed) statements. They also disagreed with leaving local governments in complete control over physical activity in schools (12).

These staffers disagreed that restricting unhealthy foods in schools is unadvisable (1) and that kids' food choices in schools are a personal choice (35). One staffer noted, "I'd be more inclined to set restrictions in schools because schools act like a parent so schools should be able to set some choices."

In general, these statements revealed hesitancy among Select Government Action Advocates to call on Congress to take specific actions. They disagreed with statements which claimed that junk food ads undermine parent's choices and that the

federal government should limit junk food ads (29), that congress should get junk food out of schools, promote fruits and vegetables, put nutrition information on chain restaurant menus, scrutinize food advertisements (6), and for the federal government to pass legislation that restores authority to the FTC and gives the U.S. Secretary of Agriculture the authority to prohibit junk food advertising in schools where parents are not present (27).

As one staffer argued, “When you’re dealing with children it’s okay to place a few more restrictions. But companies should be free to manufacture that product and make that product available; it’s an important part of our economy.” Another staffer noted, “I have a problem with direct regulation of advertisements and marketing. With all information people can make their own educated choices.” Two other staffers underscored the hesitancy towards more heavy-handed Congressional action; one noted, “I struggle with the regulation of messages because it’s everywhere” while another staffer stated, “government should encourage but not mandate. The problem with increased food marketing mandates is that they don’t always work. We need to work with everyone involved to try to find something that really works.”

iii. Perspective 3: Personal Responsibility Advocates (PRA) Disagreed Statements

Personal Responsibility Advocates most strongly disagreed with the federal government using regulations and/or mandates to re-direct the behavior of the private sector and individuals (40). One staffer highlighted a general distinction between Democrats and Republicans, explaining how “The difference between Rs [Republicans] and Ds [Democrats] is that Rs don’t believe in taking federal money and handing it out. Individuals should have money and be able to spend it on their

own. We shouldn't be telling them how to spend it." Another staffer noted how Republicans don't tend to support entitlement programs, that "furthering nutrition programs is just a handout and a give away." Cementing this point, another staffer argued that, "Entitlement programs don't help people get out of the cycle. There's a better use of federal funds than welfare and food programs - it's a handout and not making people earn it."

With respect to menu labeling, one staffer argued that, although it is "the smart restaurants that do implement menu and product labeling", it's not necessarily the governments job to mandate this."

They also disagreed with the need for federal legislation that would restore authority to the FTC and give the U.S. Secretary of Agriculture the authority to prohibit unhealthy food advertising in schools (27). One staffer noted, "We're not at this place [further FTC regulation of advertising] yet. Kellogg's is making some changes and we need to send word out to industry to take care of their business before we do it." Summed up by one staffer, "Government shouldn't be banning junk from schools...junk isn't great for you but you know they're kids. Why should kids be punished and get in trouble for bringing a cupcake for lunch? They should know how to make healthy choices."

In addition, these staffers disagreed with the need for the federal government to take responsibility in ensuring positive youth development and overall wellness (9). One staffer stated, "I don't think congress should foster addressing disparities. It's not okay for government to intervene when there's unwillingness from society, with racism for example, to move forward. If there's momentum from society than the

federal government shouldn't stop it but mandates don't solve anything. If there's no momentum from society than feds shouldn't push, though they have in the past.”

These staffers disagreed that industry, government and communities should act now and that these sectors have the greatest responsibility in preventing childhood obesity (5); they disagreed with the need for the federal government to revise USDA school food standards (7).

Yet even with their strong support for an parent and individual approach to preventing childhood obesity, Personal Responsibility Advocates did disagree with the idea that restricting unhealthy foods in schools is unadvisable (1) and that kids' food choices in schools are a personal choice (35).

C. A Comparison between Government Action Advocates (GAA), Select Government Action Advocates (SGAA) and Personal Responsibility Advocates (PRA)

Table 7 summarizes the percentage of statements within the eight-most agreed and disagreed statements in each perspective by suggested amount of Congressional action.

Table 7: Percentage of Statements in Each Perspective by Suggested Level of Congressional Action

Staffer Perspective	Less Congressional	Neutral Congressional	More Congressional
Agreed Statements			
GAA	0/15 = 0%	1/6 = 17%	7/19 = 37%
SGAA	0/15 = 0%	4/6 = 67%	4/19 = 21%
PRA	6/15 = 40%	1/6 = 17%	1/19 = 5%
Disagreed Statements			
GAA	8/15 = 53%	0/16 = 0%	0/19 = 0%
SGAA	4/15 = 27%	0/16 = 0%	4/19 = 21%
PRA	2/15 = 13%	0/16 = 0%	6/19 = 32%

The GAA perspective agreed with the greatest percentage of “more Congressional” statements as compared to both the “neutral Congressional” and “less Congressional” statements within this perspective (37%, 17% and 0%, respectively) as well as when compared to both the SGAA and PRA perspectives (21% and 5%, respectively). The SGAA perspective agreed with the greatest percentage of “neutral Congressional” statements as compared to both the “less Congressional” and “more Congressional” statements within this perspective (67%, 0% and 21%, respectively) as well as when compared to both the GAA and PRA perspectives (17% and 17%, respectively). The PRA perspective agreed with the greatest perspective of “less Congressional” statements as compared to both the “neutral Congressional” and “less Congressional” statements within this perspective (40%, 17%, 5%, respectively) as well as when compared to both the GAA and SGAA perspectives (0%, 0%, respectively).

Both the GAA and SGAA perspectives rated the greatest percentage of “less Congressional” statements as one of the eight-most disagreed statements (53% and 27%, respectively) as compared to both the “neutral Congressional” and “more Congressional” statements within this perspective (0% and 0% “neutral statements” for both the GAA and SGAA perspectives, and 0% and 21% “more Congressional” statements for GAA and SGAA perspectives, respectively) as well as when compared to the PRA perspective (13%). The PRA perspective rated the greatest percentage of “more Congressional” statements as one of the eight-most disagreed statements as compared to both the “neutral Congressional” and “less Congressional” statements within this perspective (32%, 0% and 13%, respectively) as well as when compared to both the GAA and SGAA perspectives (0% and 21%, respectively).

D. Consensus Statements

Consensus statements revealed those statements that did not distinguish between any pair of perspectives. Statements listed below are non-significant (Z-scores do not differ significantly between any pair of perspectives) at $P > .05$.⁸ Numbers in right-most column indicate the average rank by Perspectives 1, 2 and 3, respectively.

⁸ Personal Communication with Steven Brown, August 27, 2008: “Using the standard errors Standard Errors for Differences in Normalized Factor (referred to as Perspectives in this paper) Scores, the program determines the consensus statements (using a z-test) by testing whether there is a significant difference for a particular statement between factors 1 and 2; if there is no significant difference, it then tests between factors 1 and 3; if there is no significant difference, it then tests between factors 1 and 3; and so on for factors 2 and 3. If the null hypothesis is not rejected for any of these $(.5)(f)(f-1)$ tests (where f is the number of factors), the statement is determined to be consensual (i.e., not significantly different between any two factors). The program first tests whether the differences are insignificant at the .01 level for all of the statements; it then goes back through to see whether the differences are insignificant even at the .05 level, and these receive an asterisk.”

Table 8: Consensus Statements Among all Three Perspectives

Statements	Average Rank by Each Perspective
20: FDA food labels must be revised in order to ensure that parents understand what kids are eating and so that they can make wise food choices.	0, 1, 1
21: I'd like these companies to supersize' their commitment to public health and take steps to refrain from targeting young kids with certain food marketing – if Snap, Crackle, and Pop can do it, why can't Ronald McDonald?	0, 0, 0
22: The IOM report really confirms what most parents know to be true from personal experience: food advertising aimed at kids works. It changes kids' preferences. And since the foods that are advertised are mostly high in calories and low in nutrition, the net effect is less healthy children. The appropriate solution is for food companies themselves to set meaningful industry-wide nutrition standards for which foods are appropriate to market to kids in the first place; this method is far better than getting the Federal Trade Commission getting involved in marketing regulation.	-1, 0, 0
38: The appropriate way to deal with childhood obesity is to foster and enable local communities to make positive changes. The federal government can set national standards or mandates that give communities the flexibility in implementing these standards. Federal grants to communities and/or states grants can help to achieve this local change.	0, 0, 0

These consensus statements included a revision of FDA food labels, voluntary industry commitment to curb certain food marketing to young kids, industry-set, rather than FTC regulated, standards for foods marketed to kids, and for the federal government to help local communities deal with childhood obesity either through standards or mandates, or grants, that allow for flexibility in implementing standards.

It is significant that the three perspectives did not reach consensus on any of the eight-most strongly agreed or disagreed statements. Instead, consensus statements revealed

most significant overlap (ie., not significantly different between any two perspectives) among those statements ranked only towards the center of the distribution (mildly disagree, neutral, mildly agree). This means there is no common ground among these three perspectives when it comes to the issues (or statements) staffers feel most strongly about.

E. Overlap: Agreed Statements⁹

Among the eight-most agreed statements within each perspective, there was most overlap between Government Action Advocates and Select Government Action Advocates (4 statements). Both perspectives agreed with a role for the federal government (32), using taxpayer money to address social disparities (8), creating healthier workplaces and increasing access to healthy food and physical activity in neighborhoods and schools (13), and making childhood obesity a national health priority (36).

Among the eight-most agreed statements within each perspective, there were some overlap between Select Government Action Advocates and Personal Responsibility Advocates (3 statements). Both perspectives agreed with creating healthier workplaces and increasing access to healthy food and physical activity in neighborhoods and schools (13), with the federal government supporting research, investing in public goods, accurate information/labeling and tax or grant incentives for

⁹ Note here that the overlapping statements in Tables 3 and 4 are ranked averages and although overlapping do not imply a consensus statement. A consensus statement must not be significantly different between any two perspectives.

state and local governments (39) and with the idea that both physical activity and parent responsibility are just as important as a healthy diet and moderation (10).

Only one statement, creating healthier workplaces and increasing access to healthy food and physical activity in neighborhoods and schools (13) was ranked as one of the eight-most agreed statements by all three perspectives.

F. Overlap: Disagreed Statements

Among the eight-most disagreed statements within each perspective, there was most overlap between Select Government Action Advocates and Personal Responsibility Advocates (4 statements). Both perspectives disagreed with the idea that restricting foods in schools is unadvisable because of limiting choice (1) and that kids food purchases in schools are a personal choice (35). They also disagreed that society needs legislation to safeguard children from harmful messages that promote unhealthy eating habits (24) and that children face unprecedented nutritional risk at school, warranting legislation that restores authority to the FTC and gives the U.S. Secretary of Agriculture the authority to prohibit junk food advertising in schools where parents are not present (27).

Among the eight-most disagreed statements within each perspective, there was also overlap between Government Action Advocates and Select Government Action Advocates. Both perspectives disagreed with the idea that restricting foods in schools is unadvisable because of limiting choice (1) and that that kids food purchases in schools are a personal choice (35). They also disagreed that most issues related to

childhood obesity should be addressed by local and state governments, rather than the by the federal government (37).

Two statements, the idea that restricting foods in schools is unadvisable because of limiting choice (1) and that that kids food purchases in schools are a personal choice (35) were ranked as one of the eight-most disagreed statements by all three perspectives.

Although three statements (13, 1, 35) showed overlap between all three staffer perspectives, these statements were not ranked as consensus statements. Consensus statements fail to be distinguishing across any pair of perspectives. If a statement in one perspective distinguishes itself from any other perspective, the statement will not be ranked as a consensus statement.

F. Polarizing Statements

Tables 9-11 represent the six-most polarizing statements between each perspective. The statements listed are just the first few words of each full statement. For a complete list of all Q statements see Appendix 2.

Table 9: Largest Statement Ranking Differences between Government Action Advocates and Select Government Action Advocates

Statement	GAA Z-Score	SGAA Z-Score	Z-Score Difference
Positive Difference			
6: Getting Junk Food Out of Schools...	1.73	-1.23	2.96

Table 9: (continued)

29: Parent's choices about their children's...	.33	-1.64	1.97
27: Children face unprecedented nutritional risk...	.83	-1.12	1.95
Negative Difference			
11: The real cause of obesity	-1.4	.24	-1.68
39: The appropriate federal government role...	-.60	1.02	-1.62
16: Companies should be encouraged to voluntarily...	-1.03	.32	-1.35

Government Action Advocates agreed, and Select Government Action Advocates disagreed, with immediate and specific Congressional action (6), with a statement that claimed that both junk food ads undermine parent's choices and that the federal government should limit junk food ads (29), and that children face unprecedented nutritional risk at school, warranting legislation that restores authority to the FTC and gives the U.S. Secretary of Agriculture the authority to prohibit junk food advertising in schools where parents are not present (27).

Government Action Advocates disagreed, and Select Government Action Advocates agreed, that the real cause of obesity is a lack of physical activity (11), that the federal government should support research, investing in public goods, accurate information/labeling and tax or grant incentives for state and local governments (39) and that Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice (16).

Table 10: Largest Statement Ranking Differences between Government Action Advocates and Personal Responsibility Advocates

Statements	GAA Z-Score	PRA Z-Score	Z-Score Difference
Positive Difference			
40: For a nationally urgent problem...	.97	-1.5	2.47
7: USDA currently uses outdated and incoherent...	1.16	-1.18	2.34
5: But frankly, how many more reports...	.99	-1.23	2.21
Negative Difference			
30: Parents today set poor examples...	-1.15	1.80	-2.94
37: Childhood obesity is just another example...	-1.30	1.58	-2.87
12: Physical education classes are important...	-.84	1.49	-2.32

Government Action Advocates agreed, and Personal Responsibility Advocates disagreed, that it is appropriate for the federal government to use regulations and/or mandates to re-direct the behavior of the private sector and individuals (40), that federal legislation is needed to revise outdated and incoherent USDA school food standards (7) and that industry, government and communities should act now and have the greatest responsibility in preventing childhood obesity (5).

Government Action Advocates disagreed, and Personal Responsibility Advocates agreed, that parents set poor examples for their children and that it is the home environment where children learn about upstream social issues (30), that childhood obesity should not be addressed by Congress in the form of standards or mandates and should instead be addressed by local and state levels of government (37), and that the federal government's role is to encourage physical activity while the local governments maintain jurisdiction over physical activity in schools (12).

Table 11: Largest Statement Ranking Differences between Select Government Action Advocates and Personal Responsibility Advocates

Statements	SGAA Z-Score	PRA Z-Score	Z-Score Difference
Positive Difference			
8: Since there are significant social disparities...	1.96	-.31	2.27
9: The appropriate way to deal...	.81	-1.37	2.18
17: We should invest significant public funds...	1.26	-.40	1.65
Negative Difference			
37: Childhood obesity is just another example...	-1.96	1.58	-3.54
12: Physical education classes are important...	-1.05	1.49	-2.54
30: Parents today set poor examples...	-.12	1.80	-1.91

Select Government Action Advocates agreed, and Personal Responsibility Advocates disagreed, with using taxpayer money to address underlying social issues (8), that the federal government has a responsibility to ensure positive youth development and overall wellness (9), and that public funds should be used to promote “nutrition literacy” (17).

Select Government Action Advocates disagreed, and Personal Responsibility Advocates agreed, with the idea that childhood obesity should not be addressed by Congress in the form of standards or mandates and should instead be addressed by local and state levels of government (37), that the federal government’s role is to encourage physical activity while the local governments maintain jurisdiction over physical activity in schools (12) and that it is the home environment where children learn about upstream social issues (30).

H. Overall Barriers

Follow-up interview questions also asked staffers about barriers related to Congressional childhood obesity policy. Staffers across all three perspectives commonly identified three barriers.

First, a grassroots public constituency is largely absent on Capital Hill. A majority of staffers mentioned never meeting with a parent, teacher, school board member or any other member of a community other than a professional association or industry representative. One staffer noted this trend, stating “I don’t hear a lot of parents’ perspectives; I’ve gotten individual calls from a parent but most of the ones who [have called or visited] are public health professionals as doctors or nurses involved in the American Medical Association. It’s hard for the average parent to realize the interaction [with Congressional policy].” Another mentioned, “There are people who come to talk to us about obesity but the loud voice is from those folks who want government out of everything.”

Second, staffers representing all three perspectives agreed that other issues have taken and will continue to take precedence over childhood obesity. One staffer summed it up, stating, “It’s more like it’s not the highest priority issue and it’s not the most important battle today.” Two other staffers noted, “Everyone agrees it’s really important but it’s not at the top of the agenda... there are so many other things that have an immediate deadline” and that “It’s an issue on the back burner. It’s frustrating because everyone agrees [it’s important] but nothing gets done.”

Third, staffers within all three perspectives, even Personal Responsibility Advocates, noted the narrow discussion about obesity, with a continued focus on individual responsibility and behavior change, or alternatively, federal legislation. One staffer underscored this point, stating how “The reality is that the discourse has predictably been pretty narrow. It is focused on personal responsibility or federal legislation and not too much in between and only a handful of people talking about the grey areas like community design.” Another noted, “We should do specific things like from IOM reports as well as have a broader agenda in terms of how we’re going to deal with poverty and education that we know are interrelated with nutrition. This is part of discourse but at the end of the day legislation gets drafted in somewhat of a vacuum.” Personal Responsibility Advocates noted this narrow discussion but didn’t necessarily believe the discussion should be broadened – this narrow discussion was the reality for many staffers representing this perspective, especially in a political context where issues are likely to get reduced to snapshots of themselves.

Staffers representing Government Action Advocates and Select Government Action Advocates cited both Republican’s staunch support of free markets and a powerful food industry as additional barriers to government action. Staffers noted, “Republicans don’t want to force companies to do anything”; “Industry wouldn’t go for it [obesity-related legislation] and neither would politicians. They lack the political will”; “What does have political salience are voluntary measures, softer legislation than say, regulations and mandates.” The role of the food industry is apparent in officials’ legislative and programmatic decisions. One staffer noted, “The political reality is that we’re not passing legislation that industry’s against,” while another staffer stated, “The biggest barrier is that industry doesn’t want to be restricted.” Other staffers discussed the connection between industry and personal responsibility,

stating, “It is a major barrier if the industry is not on board. They have a financial bottom line but folks will say it’s personal responsibility so this frame becomes the default.” Another staffer summed up what seemed to be general sentiment among staffers representing Government Action Advocates - “Industry’s not going to come out and say it’s their bottom line. At the end of the day it’s about corporate interests and not about health.”

Staffers representing both Government Action Advocates and Select Government Action Advocates noted the complexity of obesity, that a lack of a “best practice” or “golden solution” coupled with imperfect scientific evidence makes it increasingly difficult for policy makers. One staffer stated, “Not having a silver bullet makes it difficult; the more difficult an issue becomes the more likely we are to put it off.”

Staffers representing these two perspectives also highlighted the selective nature in using the IOM reports, and that the evidence cited by these reports may only be useful and/or used by select advisers and congressmen. One staffer noted, “The IOM has made a lot of unrealistic recommendations, both politically and procedurally. Some of these recommendations are just difficult” while another stated, “IOM reports, they hold a lot of sway.” One staffer who has done a significant amount of work on obesity policy stated, “IOM reports are used when they say what they want them to but they don’t hold political weight. We wave them around a lot...but we don’t have money, political will or whatever.”

Finally, many staffers representing Personal Responsibility Advocates cited a lack of coordination and understanding between different jurisdictions. For example, one staffer stated, “Working with existing programs is a good thing rather than reinventing

the wheel. One of the problems is that obesity is so fragmented, broken up and there's a lot of duplication [across agencies and committees]."

I. Moving Forward

Additional follow-up interview questions asked staffers for suggestions about how to reframe the issue to make childhood obesity increasingly salient at the federal level.

Staffers representing all three perspectives suggested framing childhood obesity around its comorbidities. Because heart disease, diabetes, and other related diseases might be more salient than obesity, discussing obesity in the context of these diseases might provide momentum for childhood obesity. One staffer stated, "There's no real constructive discussion about this [childhood obesity] issue. There's a lot of discussion about diabetes, there's caucuses, funding for diabetes."

They also suggested framing the issue around costs, namely the rise in health care costs and lost productivity due to obesity-related causes. One staffer suggested thinking about costs differently, stating "Schools need money and therefore schools need junk. This argument isn't compelling. We can reframe the issue around energy - vending expends a lot of energy, perhaps more money on maintaining vending from energy use. We are not looking at the entire picture." Another staffer noted, "We need to be engaged on solving this. If people have healthier lives, health care costs will be lower."

Staffers representing Government Action Advocates suggested framing the issue around children; government action might be more feasible if children rather than

adults are targeted. As highlighted by one staffer, “We will never argue against protecting children, we have to vote for protecting children. And we need to talk about it in this frame more. It is becoming a more dominant frame, which is good. Can talk about it as in protecting from evil advertisers, evil food industry, evil options...”

Other staffers representing Government Action Advocates suggested discussing the built environment, or infrastructure-related issues, and to reframe choice around the ability for kids to make healthy choices. One staffer discussed how “We could focus on infrastructure issues through competitive grant programs or earmarks. This issue is less politically sensitive.” Another staffer declared, “I am not opposed to giving kids choices, but give them positive choices, positive things to choose from, not necessarily things where they are going to kill themselves.”

Staffers representing Select Government Action Advocates suggested discussing obesity in the context of tobacco. For example, one staffer noted, “People have the information about what’s in a cigarette - this is mandated and people make choices based on this.” These staffers, along with those representing Personal Responsibility Advocates, mentioned overall wellness as a way to discuss obesity. One staffer representing the Personal Responsibility perspective stated, “Think less of about a focus on obesity and more about a broader concern about well-being and overall health. The government can provide information, social marketing campaigns, and coordinate with different programs.” This reframing might make obesity increasingly salient but also highlights the policy alternatives desired by Personal Responsibility Advocates.

Personal Responsibility Advocates also mentioned reframing obesity around micro-targeting specific demographic segments of the population and perhaps, specific regions. As one staffer noted, “I think it depends on the circumstances whether there is a role for the federal government. You have to sell me on it on specific policy...start with programs you can micro-target.”

Discussion

A. Main Findings

This study has examined the perspectives of agriculture and health House and Senate staffers concerning childhood obesity policy alternatives and the appropriate role for Congress. There are six key findings.

First, this study confirmed the importance of studying perspectives of key stakeholders. An understanding of the favored policy alternatives and related agendas is incomplete without highlighting the perspectives of individuals and how their ideals and worldviews get transferred into agendas and related legislation. In doing so, three different perspectives were revealed which highlighted not only the spectrum of perspectives but also the depth and complexity in individual social and political ideologies. This went beyond previous framing studies that documented dominant frames among the public and news media (Lawrence 2004, Lambert 2007, Saguy and Almeling 2008) but did not capture opinions about specific policy alternatives nor explore their connections with deeper ideologies. Brescoll, Kersh and Brownell (2008) asked staffers about political feasibility; this research confirmed that there are multiple factors, in addition to feasibility, that give rise to policy preferences.

Results showed a more nuanced set of perspectives exists in the policy process, as compared to previous framing, public opinion and other research on obesity policy. There was great depth and a range of perspectives in even the relatively focused PRA perspective. PRAs even left some room for government involvement. There was also a wide spectrum of beliefs within the SGAA perspective - some staffers with this perspective hesitated to have more Congressional involvement while others desired Congressional action if limited to funding research, education, and grants to local communities. The perspectives that did emerge were largely similar to Lewin's (2009) study examining stakeholder press release responses to obesity-related IOM reports.

Second, this Q study made increasingly transparent the underlying motivations behind more surface level perspectives. The follow-up interviews, which asked staffers about their card sort, revealed these motivations. Select staffers representing the GAA perspective wanted to avoid a focus on social disparities to prevent the food industry from using this language as corporate rhetoric, for example. Others staffers representing the SGAA perspective wanted to avoid a focus on food marketing for fear that there were larger, more systemic issues that wouldn't get addressed within this narrower focus. In neither case did these staffers necessarily disagree with these issues but there were other, and perhaps foreseen unintended consequences, from focusing on one idea over another.

Third, select statements were found to overlap. Policymakers should take note of the overlapping statements, including consensus statements, between all three perspectives. They should also take note of the "more Congressional" statements ranked positively by Personal Responsibility Advocates.

Among the overlapping statements, only one statement, creating healthier workplaces and increasing access to healthy food and physical activity in neighborhoods and schools (13) was ranked as one of the eight-most agreed statements by all three perspectives. Two statements, the idea that restricting foods in schools is unadvisable because of limiting choice (1) and that kids food purchases in schools are a personal choice (35) were ranked as one of the eight-most disagreed statements by all three perspectives. This may indicate that even Personal Responsibility Advocates may be more apt to shift away from the “choice” frame if policies and programs are introduced within the school environment. One caveat, however, is that this agreement was revealed at a very general level. It is likely that significant differences would emerge when more specific policies are discussed.

The consensus statements in Table 8 revealed only benign, neutral statements ranked as -1, 0 or 1. Two of the four statements called on industry to make voluntary changes and to set industry-wide standards. Given the multitude of other issues and variables staffers need to deal with other than childhood obesity, coupled with the lack of any strongly agreed or strongly disagreed consensus statements, it is unlikely that a focus on these consensus statements will give this issue the energy and boost it needs to gain traction and salience within Congress. Consensus statements only rated as mildly disagree, neutral or mildly agree, are not likely to be salient enough to push childhood obesity into the limelight.

There was one statement that suggested “more Congressional” action and was also an “agreed statement” among Personal Responsibility Advocates (39). This statement, “The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate

information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit” may provide insight into a potential area of common ground among staffers.

Fourth, there weren’t any Republicans in either the GAA or SGAA perspectives, while there were no democrats in the PRA perspective. The Democrats in the study split their support between GAA and SGAA, with some desiring increased focus on immediate change and Congressional action, and others desiring a focus on social disparities and broad-based buy in, not necessarily focusing on Congress. Three of the twenty sorters in the Q study were African-American - all three of these sorters represented the SGAA perspective. The results in this study differed from Oliver and Lee’s (2005) public opinion study that did not find significant correlation between party affiliation of citizens and support for greater government involvement.

Fifth, this study highlighted how a staffer’s understanding of an issue may change his/her perspective, again revealing the subjectivity embedded in favored policy alternatives but also the potential role that new information or evidence may play. Policymakers took into account the political context and climate, as well as their own personal perspectives and understanding, when deciding whether or not to support or oppose, or perhaps leave untouched, a specific policy or program.

Staffers working more directly on childhood obesity policy frequently noted the gap between their personal and political stance on the Q statements. Those working on, school food nutrition standards, for example, appeared to have a more nuanced understanding about framing the causes and responsibility related to childhood obesity, and the arguments frequently invoked to shift responsibility away from

Congress. Select staffers who worked more closely with the food industry noted how the personal responsibility argument was oftentimes touted in place of a ‘financial bottom line’ argument. Other staffers representing the GAA perspective stressed how individual and behavior interventions were the norm; many wished that staffers and elected officials became more educated on environmental and others influences beyond personal responsibility.

Sixth, and perhaps most critically, the absence of a citizen voice – calling, writing, and/or meeting with constituents - emerged as a major barrier for staffers representing all three perspectives. Offices tended to hear largely from the food industry and to a lesser extent, public health professionals. As noted previously, the loudest voice was from those groups who wanted less Congressional action. The absence of a citizen voice on Capitol Hill, however, has given elected officials great leeway in shifting obesity, already a back burner issue, further back in priority.

B. Limitations

There were limitations to this study. The range of statements sorted was based on the themes emerging from an analysis of press releases issued in response to obesity-related IOM reports. This discourse may not have represented the full spectrum of policy alternatives and related issues relevant to staffers. Additionally, staffers sorted statements based on their own personal philosophy and perspectives, rather than the Congressperson’s perspective and/or an official office perspective. It is unclear, however, which staffers drew this line sharply and who may have blurred this line during the Q sort. Although Q methodology does not attempt to generalize results to an entire population (all of Congress, or all Democrats or Republicans, as is the case in

this study) there may be bias in this sample if staffers who participated had a greater interest in Congressional participation in preventing childhood obesity.

C. Policy Implications

The next few years will be a critical time to evaluate the changing factors influencing staffer perspectives on childhood obesity. The context in which the public and policy makers understand the food system is changing which may help create a window of opportunity and lead to more federal government involvement. The media has recently published a series of articles related to obesity and the environment (Washington Post 2008, Time Magazine 2008), food and gas prices continue to rise, and a new Administration will soon be setting the agenda, for example. As the media increasingly reports about the connection between health and the environment, and the public becomes increasingly aware of the importance of food and activity environments, there might be increased citizen advocacy to develop healthful communities.

More specifically, this research suggests several key policy implications that can help guide future research and action. Four are discussed below:

First is the need to mobilize grassroots change and increase citizen involvement in the policy process to provide input to government officials. Experience has shown it is crucial, often more crucial than citizens realize, for policy makers and their advisers to hear from their constituents in getting an issue pushed off the back burner and on the political agenda (Daley-Harris 2004).

Second, childhood obesity needs to be reframed to gain greater political attention and interest. Although there will always be competing issues, childhood obesity can be framed in a way that resonates more with staffers, focusing especially on those staffers that lean towards the Personal Responsibility perspective. At the same time, staffers and other stakeholders who might advocate for increased Congressional action need to work on making explicit the links between the food industry and elected officials. Identifying the overlap between industry lobbying efforts and a Congressman's perspective on an issue may help make this connection.

Third, there are additional political strategies that can be employed to advance childhood obesity prevention initiatives. For example, legislation addressing only a limited piece of the broader problem might be increasingly tangible if tacked onto to an already existing, salient bill. Creating a stand-alone childhood obesity prevention bill that attempts to make multiple changes across multiple environments (and committee jurisdictions) might be ideal for achieving maximum impact, and may move forward the debate that surrounds childhood obesity, but may also be never-ending political battle among those already under time constraints with a multitude of issues to address. Many staffers discussed the need to educate policy makers about environmental and social change policy options, including ways in which both the eating and physical activity environments can influence dietary and activity decisions.

Fourth, the incumbent Administration has a large influence over policy agendas of various agencies and a change in administration may in fact lead to a change in the dominant frames, values, beliefs and ideologies. This change is also likely to influence Congress, and the salience of certain issues and related policies over others.

D. Future Research and Action

A priority for future research is to explore effective means for engaging citizens in the policy process concerning this issue. There is abundant experience to build upon from other public health issues (Abelson 2003, Wallack and Dorfman 2006, Bingham, Nabatch and O’Leary 2005) but this experience needs to be adapted to the specifics and nuances of the childhood obesity problem. Given the momentum witnessed at the state level (National Council of State Legislatures 2007) lessons can perhaps be learned and used to advance obesity prevention at the federal level.

Also, research needs to continue to examine which statements, over time, resonate with elected officials. There may be a way(s) to reframe obesity such that those who subscribe to personal responsibility will accept Congressional action. This may entail framing the issue around obesity-attributable health care costs, obesity’s comorbidities, protecting children, and/or enabling local communities to address the issue through supportive legislation (eg., competitive grants) or regulatory changes.

Furthermore, there is a slowly growing evidence base illustrating the connection between one’s environment and overall wellness. However, the current lack of research on environmental influences on overweight and obesity, (Lobstein 2006, Drewnowski 2004, Institute of Medicine 2004) coupled with a mindset that policy and what “counts” as evidence must be based on causality or intervention-based research, adds to the current strength of the personal responsibility frame. Actors with a self-regulatory perspective tend to underscore the apparent lack of evidence to perhaps stave off further regulation (Hawkes 2007).

Advocates should continue this broader environmental research and work to create a dominant environmental frame that permeates throughout society, where the burden of proof is on those who subscribe to a personal responsibility agenda. Organizations and others should be made to defend their support for a personal responsibility approach to childhood obesity prevention. Perhaps advocates moving towards an environmental frame need to argue that policy must be crafted, and actions must be taken, with the “based on the best available evidence—as opposed to waiting for the possible evidence” (Institute of Medicine 2004).

Finally, staffers who were less informed about the nuances of childhood obesity policy tended to use, to a greater extent than those staffers immersed in childhood obesity policy, their general political ideology and worldview in childhood obesity policy making decisions. Public health advocates, then, must first educate staffers and elected officials about the environment’s influence on health. Without an understanding of these influences and related policy alternatives, it is easy to see how advisers fall back on the dominant personal responsibility frame and status-quo policy alternatives - a focus individual behavior change and parent responsibility. In this same vein, future research might examine the perspectives of these staffers on other public health issues, to see how perspectives about childhood obesity translate into perspectives about other issues that might also influence the public’s health. Last, it would also be useful to see, in a few years, which statements used in this Q study become the overlapping statements and if Congress is moving towards more or less Congressional action, how, and why.

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CHAPTER 3

PARENT PERSPECTIVES ABOUT CHILDHOOD OBESITY POLICY

Abstract

Although low-income minority parents have children with relatively higher rates of obesity compared to higher-income Caucasian children, the perspectives of these parents on the desirable actions and the role of the federal government to prevent childhood obesity are relatively unknown. Public opinion surveys, thus far the dominant means of capturing citizen perspectives, have documented only snapshot opinions on selected issues and may represent perspectives that aren't yet fully evaluated and/or understood. At the same time, Congressional staffers have noted the existence of a citizen void on Capitol Hill, hearing from few citizens about their views on childhood obesity policy. Given the relatively small citizen voice in Congress, coupled with essentially an unknown set of perspectives, it is important to both document parent perspectives and examine their role as a crucial element of the policy process. This study used Q methodology and follow-up focus groups to explore the perspectives of low-income African-American parent on this issue. Q statements were adapted from the same set of statements used with Congressional staffers. Parents presented a range of viewpoints and expressed agreement with a number of policy alternatives. Three general perspectives emerged: 1) Parents + Specific Government; 2) Parents + General Government; and 3) Government + Other. Personal responsibility resonated across all perspectives but both the Q study and focus groups revealed how parents' approach to personal responsibility fit into a wider approach to obesity prevention – instead of perceiving personal responsibility in competition with systemic change, parents frequently viewed them as reinforcing ideals. Personal responsibility also resonated in part because parents have not seen benefits from

greater government action, and as a result have internalized a personal responsibility approach to obesity prevention. Additionally, parents tended to think about solutions to childhood obesity using a wider lens than defined academic and jurisdictional boundaries. They tended to form opinions based more on the specific policy rather than who should implement it. Their cultural backgrounds and communities, their barriers to healthy eating and physical activity in their own neighborhoods, as well as their own experiences with government, among other factors, have shaped their opinions. Parents bring to the policy process a unique lens in which to view childhood obesity prevention and were able to discuss and deliberate upon a range of issues that may help the multitude of actors involved in childhood obesity prevention arrive at common ground. Public health advocates must make attempts to not only include citizens throughout the policy process, but should also take steps to dispel the notions that public policy and personal responsibility are at odds with one another, and that federal government action does more harm than good for parents of this study's demographic.

Introduction

The rise in childhood overweight among ethnic minorities is an example of the health disparities prevalent in the United States today. Data from 2003-2004 revealed that Non-Hispanic White children and adolescents had a lower prevalence of overweight than non-Hispanic Black and Mexican-American children and adolescents. Mexican American boys aged 6-11 years and non-Hispanic Black girls also aged 6-11 years had the highest prevalence of overweight within each gender and age group for those less than 19 years of age. (Ogden et al. 2006)

Studies have also noted differences in childhood obesity rates by socioeconomic status, and specifically by poverty (Miech et al. 2006) although these patterns are less clear than the relationship between ethnic minority groups and increased prevalence of overweight (Wang and Beydoun 2007). Data from 1999-2004 data revealed that the overall prevalence of overweight among adolescents was more than 50% higher in poor as compared to non-poor families. More specifically, adolescent overweight among 15-17 year olds was greater among those families living in poverty but this trend did not hold for those 12 to 14 years old (Miech et al 2006).

Other characteristics, such as neighborhood type, may also influence overweight rates. For example, one study revealed that adolescents living in newer suburbs were less likely to be overweight as compared to other neighborhood types including rural-working class, exurban, and mixed-race urban neighborhoods (Nelson et al. 2006).

The underlying causes for these disparities and the consequences of higher childhood overweight rates are complex and multifaceted. Debate continues about how to best deal with these inequities, whether or not preventing childhood obesity should involve the federal government, and if so, how. The evidence used in policy debates ranges from technical data to political ideology and political feasibility where even the technical data, or “objective” science is strategically used to advance political agendas (Lewin 2009).

Largely absent from this debate, however, are those most effected by these negative health outcomes. At the federal level, there is little public participation and citizen involvement in the childhood obesity policy process (Lewin 2009). Actors involved at this level have been largely limited to public health experts, industry groups, policy

makers, the media, and other organizations (Lewin 2009). Corporations (and related political action committees) within these sectors often attempt to influence policy makers through the media, lobbying, campaign contributions to candidates, members and parties as well as a host of other strategies (Center for Responsive Politics 2008, Lewin 2009).

Many scholars argue that citizen participation is a crucial component of policy making (Petersen 1984, Habermas 1984, Fischer 1993, Laswell 1970). Social problems, such as childhood obesity, include a range of policy alternatives and a related set of value tradeoffs that cannot be openly and fully deliberated by special interest groups alone. According to these democratic theorists, it is crucial to both understand and include citizen perspectives in decisions, as they are perhaps the sector most affected by many potential policies whose views represent a distinct and equally important range of perspectives (Fischer 1993, Renn et al. 1993 and Roberts 2004).

Although public opinion studies about childhood obesity capture a slice of citizen perspectives (Panagopoulos 2006) they do not constitute citizen participation in the policy process. These studies tend to reveal public opinion about specific policies in preventing childhood obesity, and whether study participants, generally, advocate government involvement (Oliver and Lee 2005, Evans et al. 2005). They do not reveal why citizens hold particular viewpoints, they are vulnerable to framing effects (Plous 1993) and other biases, and they do not reflect what citizens might think after learning more about the problem and collectively deliberating about potential solutions (Oliver and Lee 2005, Evans et al. 2005). Experts and advocates may use these studies as “evidence,” but it is far from active citizen participation and authentic deliberation.

This research explores this little documented range of citizen perspectives in greater depth than opinion surveys. More specifically, this investigation seeks to document the perspectives of African-American, low-income parents on the role of the Congress in preventing childhood obesity, as minority groups frequently have little voice in policy decisions (Pimbert and Wakeford 2001).

Methods

This research utilized a mixed method design (Morse 2003) that included a survey, series of focus groups and a modified Q study. As Morse articulated, the mixed methods term is “applied when research strategies are used that are not *normally* part of that design” (192). These “supplemental data sets are mutually interdependent” (193) and “aid in the interpretation of the data in the core project, providing explanations for unexpected findings or supporting the results” (192).

An individual survey and follow-up focus groups were conducted with thirty-eight African American parents of elementary school children in the District of Columbia. Parent recruitment and subsequent data collection occurred between January and March, 2008.

A. Parent Recruitment

The researcher obtained approval from elementary school principals in the District of Columbia to recruit parents of elementary school children (ages 5-11) for this study. The principals frequently introduced the researcher to the after-school coordinators who knew the parents well and who could assist in parent recruitment. Parents were

recruited from five low-income, predominantly African-American elementary schools. The parents were compensated \$10 for completing the questionnaire and participating in the follow-up focus group.

B. Survey Development

The questionnaire was developed using similar statements to those used in Lewin's Congressional staffer Q study analysis (2009). Two statements were removed from the complete list of Q statements used in the Congressional staffer study¹⁰ and a few statements were altered, both to remove unnecessary statements with respect to parent perspectives and to lessen potentially confusing terminology. In total, 38 statements were used in the survey. Appendix 3 provides a complete list of numbered statements; Appendix 4 provides a copy of the questionnaire.

The sample of statements was chosen to represent a spectrum of views concerning the level and type of Congressional action. A total of 16 statements implied "more Congressional" action; 7 implied "neutral Congressional" action; 15 statements implied "less Congressional" action.

The "more Congressional" statements were coded as such if they included actions that implied direct action by Congress. These statements focused, for example, on mandates and regulations on the food industry and Congressional investment in public goods and research.

¹⁰ See Appendix 1 for the full list of Q statements used in the congressional staffer study.

The “neutral Congressional” statements were coded as such if they *could* have included Congressional action, but did not say so explicitly. These statements focused, for example, on healthier workplaces and positive messaging to encourage healthier lifestyles.

The “less Congressional” statements were coded as such if they included actions that focused attention away from Congress or explicitly stated actions Congress should not take. These statements focused, for example, on parent responsibility, the home environment, and state and local rather than Congressional action.

Within each school, the researcher arranged for a group of parents to meet at a specific time in the early morning or late afternoon. The principal and/or after-school coordinators provided a meeting space for the surveys and focus groups. The researcher explained the survey to the parents; parents were told not to discuss the survey with one another until the follow-up focus group session. On average, the survey took about 20-25 minutes for each parent. Each parent completed the survey.

C. Survey Analysis

The survey results were analyzed in two ways. First, the questionnaires were examined using just the parent average, and the level of Congressional action suggested by each statement. Second, this analysis utilized a quasi-traditional Q methodology (Brown 1980).

Participants involved in a traditional Q study sort each statement on a normal or quasi-normal distribution grid, in this case from strongly agree to strongly disagree (Jordan,

Capdevila and Johnson 2005). The majority of statements must be sorted towards the center of the distribution (mildly agree, neutral, mildly disagree) with the fewest number of statements permitted on the extremes (strongly agree, strongly disagree). This imposed distribution system forces participants to rank each statement relative to every other statement thereby stimulating a deeper transformation of tradeoffs and values, and (unlike Likert Scales) eliminates bias due to response preference. A participant may agree with more statements than are allowed in that category, but is then forced to rank these statements comparing them to one another.

Following the Q sort by each participant, the researcher factor analyzes the completed sorts. This reveals several groups of participants who sorted the set of statements similarly. Unlike traditional (R) factor analysis, Q analysis inverts variables and participants in the data matrix so that participants rather than variables are categorized based on their similarities to one another in the final sorts (Brown 1980). By analyzing the constellation of statements sorted into the more extreme categories, taken as a whole, the analyst seeks to identify salient themes and overall perspectives. It is then possible for the researcher to identify, analyze and interpret the different perspectives that emerge among those who participated in the sort. Specific statements that constitute each perspective are revealed. Q method also detects statements that are significant in more than one perspective, polarizing statements that rank most differently between two or more perspectives, as well as consensus statements that are not distinctly different between any pair of perspectives. PQMethod software (Schmolck 2008) is used to detect and analyze each perspective.

This study, however, did not utilize this forced distribution method nor did it ask parents to sort statements. Due largely to time and attention constraints, parents were

instead permitted to rate any number of statements with a ranking between -3 and 3. The ranking system was described to parents and written directly on the survey as -3 representing “strongly disagree;” -2 representing “disagree;” -1 representing “mildly disagree;” 0 representing “neutral;” 1 representing “mildly agree;” 2 representing “agree;” and 3 representing “strongly agree.” Parents rated the statements in the form of a questionnaire rather than a stack of cards.

Upon reviewing the survey results but prior to any analysis, the survey scale was narrowed to increase the data’s reliability. -3 rankings were changed to -2, and +3 rankings were changed to +2, resulting in a scale from -2 to +2. It was unclear whether or not parents were able to draw any distinction between -2 and -3, and between 2 and 3, and this re-coding was intended to reduce the “noise” resulting from misclassification in the tails of the distribution. This re-coding did not result in any additional surveys that contained identically (or close to identically) responses. See Appendix 5 for the original survey results, prior to any data exclusions.

Parents were excluded from the Q analysis if they ranked all statements identically (or close to identically). Two parents, survey numbers 23 & 37, were thereby excluded. A total of 36 parents were analyzed in the results section below (see Appendix 5 for survey results).

D. Focus Groups

After parents completed the survey at each school, the follow-up focus groups began. Each focus group had 4-5 parents and lasted approximately 20-30 minutes. The focus groups were largely unstructured but were centered on some of the same themes as

those in the follow-up Congressional staffer post-Q sort interviews (Lewin 2009). Parents were asked *why* they ranked the certain statements on the extremes (-3/-2 and +2/+3), and how they felt about the role of Congress in childhood obesity, as well as how they thought childhood obesity could best be prevented.

Focus group participation was strong and in general each parent was enthusiastic about participating. Parents enjoyed discussing their personal stories and their children; during select focus groups the moderator made deliberate attempts to steer the discussion away from an individual family or child, and back to a wider context in which to think about and discuss childhood obesity.

The number of participants varied by elementary school, depending on parent willingness to participate and principal/after-school coordinator involvement in helping to recruit parents. Table 12 is a breakdown of the number of parents participating from each school and the number of parents in each focus group.

Table 12: Participating Schools, Number of Participants, and Number of Focus Groups

School #	Participants	Focus Groups
School 1	12	3, with 4 parents each
School 2	5	1, with all 5 parents
School 3	8 (1 removed from survey analysis)	2, with 4 parents each
School 4	9	2, with 4 parents in one group and 5 in the other

Table 12: (continued)

School 5	4 (1 removed from survey analysis)	1, with all 4 parents
Total	38	9

The focus group moderator/researcher audio recorded each focus group and later transcribed each session. Once the researcher listened to each focus group several times and read through each transcript, the researcher coded emergent themes, including discussion around the causes and responsibility for childhood obesity, and specific policy alternatives. This paper does not present a full analysis of the focus group transcripts but instead highlights select themes that emerged from one or more of the focus group sessions and help explain the survey responses.

Results

Table 13 lists the statement and prevalence of statements ranked, on average by all parents, within a certain rank range that promoted either more, neutral or less Congressional action. The average statement rank ranged from 1.97 (most agreed) to -.33 (most disagreed).

A. Survey Results

Table 13: Proportion of Statements within Rank Range and Related Amount of Congressional Action

Avg. Rank Range	Proportion of Statements within each Rank Range (and statement #)	Cong. Action
1.99-1.5	10: The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.	Less
	15: Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.	Less
	13: There should be an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools. These things are needed to help prevent childhood obesity. If we make it easier for people to make healthy choices where they live, work, and play we will also address diabetes, heart disease, and other health problems that cut lives short and increase health care costs for everyone.	Neutral
	19: Use public education to prevent and decrease obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must make sure health education and healthy lifestyles concepts are promoted across the curriculum.	Neutral
	20: Food and Drug Administration (FDA) nutrition facts food labels must be changed to help parents better understand what kids are eating, and so they can make good food choices.	More
	23: Positive messaging and tools, not restrictions or negative messaging, are the right approach for creating behavior change. This type of program should promote fruit and vegetable consumption to reach children with a positive "eat more" message, in fun and appealing ways.	Neutral
	12: Physical education classes are important to make sure kids get a minimal, regular amount of exercise and to help establish physical activity patterns that can lead to active adults. The federal government can encourage physical education classes but it is our local governments that should set the specific types and amount of physical education programs.	Less
	21: I'd like food and beverage companies to increase their commitment to public health and take steps to stop targeting young kids with junk food marketing.	Neutral
	2: Meals today always seem rushed. And parents, to keep up with school, sports and play dates, feed kids processed and fast food. Families don't plan, prepare and eat food in their homes. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods when meals seem rushed.	Less

Table 13: (continued)

1.99-1.5	32: We should do more than promote healthy eating and physical activity if we want to address some of the gaps in health experienced in low-income communities. We have to address poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, education and other resources. We need to first take care of these things if we want to have healthy kids.	Neutral
	30: The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children.	More
	25: The federal government should require that chain and fast food restaurants include nutrition information for their foods. If we start to change the information people receive, this will help people make healthier choices.	More
	31: Schools must make effective use of already available school and community resources. They should work to equitably serve the needs, interests and culture of all students and staff.	Less
	18: Society should seek ways to make sure kids watch media and advertisements, which promote healthy lifestyles including nutrition and exercise. For instance, health and activity can be effectively promoted through cartoon characters, celebrities, and other media programming.	Neutral
5/15: 33% Less 6/7: 86% Neutral 3/16: 19% More		
1.49-1.0	14: Many kids lack affordable, accessible and safe places to be active. The federal government should set minimum physical education requirements and with this, state and local governments should set up programs that are sensitive to local issues and needs and can help increase a child's activity level.	More
	17: The government should spend more money on nutrition education. This would help educate consumers and especially parents so they can make healthy choices for their children.	More
	37: The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit.	More
	36: The appropriate way to deal with childhood obesity is to help local communities make positive changes. The federal government can set national standards or requirements but should make them flexible enough so that communities can still make many of the decisions. Money from the federal government to communities or states can help to achieve this local change.	More
	28: Parents today set poor examples for their children. They must create a home environment that is healthy for their kids and one where they can be happy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving setting for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.	Less
	9: The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that make sure kids are happy and healthy.	More

Table 13: (continued)

1.49-1.0	34: Like smoking and car safety, prevention of obesity in children should be a national public health priority.	Neutral
	26: Children get fed unhealthy foods at school. The federal government should work with schools to make sure they have healthy foods and to decrease the amount of junk food advertisements. We need federal laws that require healthier foods in schools and restrict junk food advertisements to kids under 18.	More
	29: Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure happy and healthy kids. Issues differ in each community and our town leaders, rather than the federal government, should make community decisions. In low-income and diverse communities, for example, the some programs may not be as good because there are other problems like a lack of money, not enough space in community centers and other buildings, and cultural differences. What's good in one place might not be good in another.	Less
	24: TV and other media companies care more about the money than healthy kids. Because of this, we need legislation from the federal government to take steps to protect our children from harmful messages that promote unhealthy eating habits.	More
	5: We have enough reports that tell us government should have obesity prevention policies. It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and kids, the food industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More
	16: Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice.	Less
	8: Since low-income families may find it difficult to think about childhood obesity, the federal government should use taxes to help these families. Taxes can be used for things like access to preventive health care, nutrition counseling, decreased child care expenses, and community improvements like sidewalks and playgrounds which encourage physical activity.	More
	6: Congress should take junk food out of schools, promote fruits and vegetables, put nutrition info on chain restaurant menus, and restrict food ads during children's television shows.	More
	38: For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will change the behavior of the companies and individuals. This maybe things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.	More
	7: The U.S. Department of Agriculture, the part of the federal government which sets food standards for schools, should set different standards for the foods allowed in schools. These guidelines should apply to the entire school. It's common for kids to walk outside the cafeteria to purchase soft drinks, chips, and candy bars. Kids shouldn't be allowed to purchase junk food anywhere at school, and the federal government should require these changes.	More
3/15 = 20% Less 1/7 = 14% Neutral 12/16 = 75% More		

Table 13: (continued)

.99-.5	22: Studies tell us what parents know to be true from personal experience: food advertising aimed at kids works. It changes the foods kids want to eat. And since the foods that are advertised are mostly junk food, children end up eating less healthy foods. But it is the food industry, not the federal government, which should be in charge of setting food marketing rules.	Less
	11: The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to make sure they are active each day. Too much attention is being directed at what kids eat.	Less
	35: Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in telling the federal government to do more. It is not the role of the federal government to set standards or mandates for these states or communities.	Less
	4: It's okay if popular candies and snacks are sold in markets. Children who are educated about making healthy food choices will make the choices that are best for them.	Less
	3: Science tells us that Congress should make recommendations to schools about the foods they make available to kids. These recommendations should be voluntary and should not be required.	Less
5/15=33% Less 0/7= 0% Neutral 0/16= 0% More		
.49-0	1: Schools shouldn't remove or limit high-calorie, low-nutrition foods. Students should have a range of choices available to them.	Less
	27: Parent's choices can do little about what their kids eat when they constantly see junk food advertisements. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes get kids to eat fast food and sugary snacks. The federal government should act to limit these junk food advertisements.	More
1/15=7% Less 0/7= 0% Neutral 1/16= 6% More		
<0	33: Kids' food purchases in schools are a personal choice. If they want to eat french fries and cupcakes, then they should be able to buy these items.	Less
1/15=7% 0/7= 0% Neutral 0/16= 6% More		

Relative to the number of statements representing each suggested level of Congressional action, the greatest percentage of “neutral Congressional” statements (86% of all neutral statements) were rated most positively (between 1.5-1.99) by parents.

The “less Congressional” statements within the most positively ranked interval (5/15)¹¹ focused on both parent responsibility and physical activity (10).¹² Three of the most positively ranked “less Congressional” statements called for increased parent responsibility (10, 15, 2). The remaining two most positively ranked “less Congressional” statements focused on local government action (rather than federal level action) (12), and for schools to use their existing resources to create change (31).

The “neutral Congressional” statements within the most positively ranked interval (6/7) called for creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools (13), public education campaigns (19), positive messaging and tools rather than restrictions or negative messaging for creating behavior change (23), for the food and beverage industry to take steps to stop targeting children with junk food marketing (21), for society to do more than promote healthy eating and physical activity to address some of the gaps in health experienced in low-income communities (32) and for society to seek ways to make sure kids watch media and advertisements, which promote healthy lifestyles including nutrition and exercise (18).

The “more Congressional” statements within the most positively ranked interval (3/16) called on the FDA to revise food labels (20), for all levels of government to address the physical health and emotional stability of our children (30) and for the federal government to require chain and fast food restaurants to include nutrition information for their foods (25).

¹¹ Fractions in parentheses indicate the number of statements within a specific suggested level of Congressional action out of the total number of statements with that suggested level of Congressional action within a specified rank range.

¹² The number(s) in parentheses, unless a fraction or otherwise indicated, indicates the statement number(s).

The only negatively rated (disagreed) statement declared children's food choices in schools a personal choice (33).

Frequencies only quantified, on average, how parents ranked each statement. Using the same set of statements, PQ Method provides a deeper analysis of parent perspectives about specific issues and policy alternatives.

B. PQ Method Results

Using varimax rotation to reveal significant factors, three significant factors emerged.

The three factors that were identified portray perspectives labeled as 1) Parents + Specific Government (PSG), 2) Parents + General Government (PGG), and 3) Government + Other (GO). Of the 36 parents, 30 of them represented one of these three perspectives. There were six parents that did not represent any of the three perspectives.

A total of 15 of the 36 parents represented the PSG perspective; 8 represented PGG; and 7 represented GO. Appendix 3 lists the full set of statements, by statement number, ranked by parents.

Table 14 lists the survey statements that represented the eight-most agreed statements within each of the emergent perspectives. The second column states the amount of Congressional action suggested by each statement. The right-most three columns list

both the Z-score¹³ within each perspective (upper cell) and the average rank within each perspective (lower cell). The average rank range is between -2 and +2.

Table 14: Eight-Most Agreed Statements

Statements	Congressional Action Suggested	PSG	PGG	GO
10 The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.	Less	.72	.76	.52
		2	1	0
13 There should be an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools. These things are needed to help prevent childhood obesity. If we make it easier for people to make healthy choices where they live, work, and play we will also address diabetes, heart disease, and other health problems that cut lives short and increase health care costs for everyone.	Neutral	.72	.759	.52
		2	1	0
19 Use public education to prevent and decrease obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must make sure health education and healthy lifestyles concepts are promoted across the curriculum.	Neutral	.72	.39	.46
		2	0	0
23 Positive messaging and tools, not restrictions or negative messaging, are the right approach for creating behavior change. This type of program should promote fruit and vegetable consumption to reach children with a positive "eat more" message, in fun and appealing ways.	Neutral	.72	.76	.19
		2	1	-1
32 We should do more than promote healthy eating and physical activity if we want to address some of the gaps in health experienced in low-income communities. We have to address poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, education and other resources. We need to first take care of these things if we want to have healthy kids.	Neutral	.64	.76	.48
		1	0	0
21 I'd like food and beverage companies to increase their commitment to public health and take steps to stop targeting young kids with junk food marketing.	Neutral	.62	.76	.50
		1	1	0

¹³ Statements with the highest (+) Z-scores most strongly agree with a particular perspective.

Table 14: (continued)

11 The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to make sure they are active each day. Too much attention is being directed at what kids eat.	Less	.61*	-2.44	-2.02
		1	-2	-1
15 Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.	Less	.61	.76	.52
		1	1	0
2 Meals today always seem rushed. And parents, to keep up with school, sports and play dates, feed kids processed and fast food. Families don't plan, prepare and eat food in their homes. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods when meals seem rushed.	Less	.55	.76	.52
		1	1	0
5 We have enough reports that tell us government should have obesity prevention policies. It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and kids, the food industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More	-.81*	.76	.52
		-2	1	0
18 Society should seek ways to make sure kids watch media and advertisements, which promote healthy lifestyles including nutrition and exercise. For instance, health and activity can be effectively promoted through cartoon characters, celebrities, and other media programming.	Neutral	.20	.76	.49
		0	1	0
20 Food and Drug Administration nutrition facts food labels must be changed to help parents better understand what kids are eating, and so they can make good food choices.	More	.52	.76	.46
		1	1	0
38 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will change the behavior of the companies and individuals. This maybe things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.	More	-.61*	.32	.75
		-1	0	2
4 It's okay if popular candies and snacks are sold in markets. Children who are educated about making healthy food choices will make the choices that are best for them.	Less	-.77	-2.44*	.75*
		-2	-2	2
26 Children get fed unhealthy foods at school. The federal government should work with schools to make sure they have healthy foods and to decrease the amount of junk food advertisements. We need federal laws that require healthier foods in schools and restrict junk food advertisements to kids under 18.	More	.41	-.25*	.64
		0	-1	2

Table 14: (continued)

37 The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit.	More	-.01*	.76	.64
		-1	1	2
34 Like smoking and car safety, prevention of obesity in children should be a national public health priority.	Neutral	.05	.49	.61
		0	0	1
9 The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that make sure kids are happy and healthy.	More	-.07	.46	.58
		-1	0	1
14 Many kids lack affordable, accessible and safe places to be active. The federal government should set minimum physical education requirements and with this, state and local governments should set up programs that are sensitive to local issues and needs and can help increase a child's activity level.	More	.21	.09	.58
		0	0	1
30 The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children.	More	.33	.76	.58
		0	1	1

Note: Shadow grey indicates one of the eight-most agreed statements with a given perspective; * Indicates a distinguishing statement with p-value of <.01.; Bolded numbers & * indicate that the statement was distinguishing and an agreed statement (positive Z-score) for a given perspective; Unbolded & * indicate that the statement was distinguishing but was a disagreed statement (negative Z-score) for a given perspective.

i. Perspective 1: Parent + Specific Government Perspective (PSG) - 15 Parents

Parents representing this perspective believed society should redirect obesity prevention efforts towards physical activity, that there is too much focus on food intake, and that both parent responsibility and education was critically important (10, 11, 19). These parents supported healthier places to work and play (13), and the use of positive messaging to promote healthy lifestyles (23). They also supported providing healthier foods and restricting less healthy ones if within the school environment (33). These parents were more likely to agree with Congressional action if there were

specific changes proposed as compared to a more general call for broad regulations and/or mandates (agreement with 6, 17, 19, 20, disagreement with 38, 5).

ii. Perspective 2: Parent + General Government Perspective (PGG) - 8 Parents

Parents representing this perspective believed parents needed to do a better job at feeding their kids healthfully (2) and ensuring their children get exercise (10). They felt strongly that junk food advertising to kids did not undermine parents' purchasing decisions and that federal legislation to regulate advertising was unnecessary (27). Instead, these parents wanted to focus on healthy eating, parent responsibility and physical activity (10, 15). They agreed with a role for stakeholders outside the home but tended to agree more with a general call to action rather than anything specific (agreement with 5, disagreement with 6). Finally, the PGG perspective agreed that industry, communities, and government should work to prevent obesity both inside and outside the school environment (5) and that education alone will not successfully prevent childhood obesity (4, 28).

iii. Perspective 3: Government + Other Perspective (GO) - 7 Parents

Parents representing this perspective believed the federal government has a significant role (38), but also believed education can be just as important as setting regulations and/or mandates (4, 19). They thought obesity should be a national priority and that there are many avenues for the federal government to become more involved (9, 14, 26, 30, 34, 37). These parents agreed that parents know food advertising which targets children is effective, but like the PGG perspective, disagreed with the idea that food marketing can undermine parents' purchasing decisions (22, 27). These parents

strongly disagreed that the food industry rather than the federal government should set marketing rules. In general, parents representing this perspective were not supportive of voluntary industry change (3, 16, 22).

Table 15 lists the survey statements that represented the eight-most disagreed statements within each of the emergent perspectives. The second column states the amount of Congressional action suggested by each statement. The right-most three columns list both the Z-score within each perspective (upper cell) and the average rank within each perspective (lower cell). The average rank range is between -2 and +2.

Table 15: Eight-Most Disagreed Statements

Statements	Congressional Action Suggested	PSG	PGG	GO
33 Kids' food purchases in schools are a personal choice. If they want to eat french fries and cupcakes, then they should be able to buy these items.	Less	-4.25*	-.88*	-2.08*
		-2	-1	-1
1 Schools shouldn't remove or limit high-calorie, low-nutrition foods. Students should have a range of choices available to them.	Less	-3.26*	-1.19*	-2.18*
		-2	-2	-2
5 We have enough reports that tell us government should have obesity prevention policies. It's time for action. If we don't act, America's kids will just get heavier and healthier. While the food industry places all the blame on parents and kids, the food industry, government, and communities have the greatest responsibility in preventing childhood obesity.	More	-.81*	.76	.52
		-2	1	0
4 It's okay if popular candies and snacks are sold in markets. Children who are educated about making healthy food choices will make the choices that are best for them.	Less	-.77*	-2.44*	.75*
		-2	-2	2
27 Parent's choices can do little about what their kids eat when they constantly see junk food advertisements. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes get kids to eat fast food and sugary snacks. The federal government should act to limit these junk food advertisements.	More	-.67	-3.08*	-.59
		-1	-2	-1

Table 15: (continued)

38 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will change the behavior of the companies and individuals. This maybe things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.	More	-.61*	.32	.75
		-1	0	2
7 The U.S. Department of Agriculture, the part of the federal government which sets food standards for schools, should set different standards for the foods allowed in schools. These guidelines should apply to the entire school. It's common for kids to walk outside the cafeteria to purchase soft drinks, chips, and candy bars. Kids shouldn't be allowed to purchase junk food anywhere at school, and the federal government should require these changes.	More	-.33	-.27	.20
		-1	-1	-1
3 Science tells us that Congress should make recommendations to schools about the foods they make available to kids. These recommendations should be voluntary and should not be required.	Less	-.19*	-1.15	-2.13*
		-1	-1	-2
11 The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to make sure they are active each day. Too much attention is being directed at what kids eat.	Less	.61*	-2.44	-2.02
		1	-2	-1
6 Congress should take junk food out of schools, promote fruits and vegetables, put nutrition info on chain restaurant menus, and restrict food ads during children's television shows.	More	.32	-1.17	.47
		0	-1*	0
28 Parents today set poor examples for their children. They must create a home environment that is healthy for their kids and one where they can be happy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving setting for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.	Less	-.05	-.66*	.42
		-1	-1	0
35 Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in telling the federal government to do more. It is not the role of the federal government to set standards or mandates for these states or communities.	Less	.18	-.19	-2.28*
		0	-1	-2

Table 15: (continued)

22 Studies tell us what parents know to be true from personal experience: food advertising aimed at kids works. It changes the foods kids want to eat. And since the foods that are advertised are mostly junk food, children end up eating less healthy foods. But it is the food industry, not the federal government, which should be in charge of setting food marketing rules.	Less	-.14	.29	-2.22*
		-1	0	-2
16 Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice.	Less	.34	.48	-1.09*
		0	0	-1

Note: Shadow grey indicates one of the eight-most agreed statements with a given perspective; * Indicates a distinguishing statement with p-value of <.01.; Bolded numbers & * indicate that the statement was distinguishing and an disagreed statement (negative Z-score) for a given perspective; Unbolded & * indicate that the statement was distinguishing but was an agreed statement (positive Z-score) for a given perspective.

iv. A Comparison between PSG, PGG and GO Perspectives

Table 16 summarizes the percentage of statements within the eight-most agreed and disagreed statements in each perspective by suggested amount of Congressional action.

Table 16: Percentage of Statements in Each Perspective by Suggested Amount of Congressional Action

Parent Perspective	Less Congressional	Neutral Congressional	More Congressional
Agreed Statements			
Parent Responsibility + Specific Govt	3/15 = 33%	5/7=71%	0/16=0%

Table 16: (continued)

Parent Responsibility + General Govt	3/15=33%	3/7=43%	2/16=13%
Government+ Other	1/15=7%	1/7=14%	6/16=38%
Disagreed Statements			
Parent Responsibility + Specific Govt	4/15=27%	0/7=0%	4/16=25%
Parent Responsibility + General Govt	6/15=40%	0/7=0%	2/16=13%
Government+ Other	7/15=47%	0/7=0%	1/16=6%

Both the PSG and the PGG perspectives agreed with the greatest percentage of “neutral Congressional” statements (71% and 43%, respectively) as compared to both “less Congressional” and “more Congressional” statements within these perspectives (33% “less Congressional” statements for both PSG and PGG, and 0% and 13% “more Congressional” statements for PSG and PGG, respectively), and compared to the GO perspective (14%). The GO perspective agreed with the greatest percentage of “more Congressional” statements as compared to both “less Congressional” and “neutral Congressional” statements within this perspective (7% and 14%, respectively), and compared to both the PSG and PGG perspectives (0% and 13%, respectively).

In addition, there was a greater percentage of “less Congressional” statements rated as one of the eight-most agreed statements within both the PSG and PGG perspectives, as compared to the GO perspective (33%, 33%, and 7%, respectively).

All three perspectives, PSG, PGG and GO, rated the greatest percentage of “less Congressional” statements as one of the eight-most disagreed statements (27%, 40% and 47%, respectively) as compared to both the “neutral Congressional” and “more Congressional” perspectives (0% “neutral Congressional” statements for PSG, PGG and GO perspectives, 25%, 13% and 6% “more Congressional” statements for PSG, PGG and GO perspectives, respectively).

The PSG perspective ranked a nearly equal percentage of “less Congressional” statements as one of the eight-most disagreed statements as compared to “more Congressional” statements (27% and 25%, respectively).

a) Overlap: Agreed Statements

Among the eight-most agreed statements within each perspective, there was overlap only between the PSG and PGG perspectives (4 statements). Both perspectives agreed with a focus on physical activity (10) and parent responsibility (10, 15) as well as an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools (13). They also agreed with wanting the food and beverage companies to increase their commitment to public health, taking steps to stop targeting young kids with junk food marketing (21), and reinforcing the idea that children who are educated will make proper choices (15).

b) Overlap: Disagreed Statements

Among the eight-most disagreed statements within each perspective, there was most overlap between both PSG and PGG perspectives (5 statements), and PGG and GO

perspectives (5 statements). All three perspectives disagreed with several of the same statements (4 statements).

The PSG, PGG and GO perspectives disagreed that kids' food purchases in schools are a personal choice (33), that schools shouldn't remove or limit high-calorie, low nutrition foods (1), that parent's choices can do little when their children see junk food advertisements, that the government should act to limit these advertisements (27), and that Congress should make voluntary recommendations to schools about the foods they make available to kids (3).

Other than those disagreed statements across all three perspectives, the PSG and PGG perspectives both disagreed with selling popular candies and snacks in markets, and that children who are educated with make good choices (4).

Other than those disagreed statements across all three perspectives, the PGG and GO perspectives both disagreed that a lack of physical activity is the real cause of obesity, and that it is up to parents and their children to ensure they are active (11).

c) Polarizing Statements

The tables below represent the six-most polarizing statements between each perspective. The statements listed are just the first few words of the full statement. For a complete list of all Q statements see Appendix 2.

Table 17: Largest Statement Ranking Differences between PSG and PGG

Statements	PSG Z-Score	PGG Z-Score	Z-Score Difference
Positive Difference			
11: The real cause of obesity is a lack of physical activity...	.607	-2.436	3.042
27: Parent's choices can do little...	-.670	-3.076	2.406
4: It's okay if popular candies...	-.766	-2.436	1.670
Negative Difference			
33: Kids' food purchases in schools...	-4.252	-.883	-3.369
1: Schools shouldn't remove or limit...	-3.263	-1.194	-2.069
5: We have enough reports that tell us...	-.814	.759	-1.573

The distinctions between PSG and PGG perspectives are highlighted in Table 17.

PSG agreed, while PGG disagreed, that the real cause of obesity is a lack of physical activity (11).

The PSG perspective disagreed, and PGG perspective disagreed more strongly, that parents are undermined by junk food marketing which warranted federal legislation to prevent these advertisements (27) and that it's okay if popular candy is sold in markets because if children are educated, they will make good choices (4).

The PSG perspective disagreed to a stronger extent than the PGG perspective disagreed that kids' food purchases in schools are a personal choice (33) and that schools shouldn't remove or limit unhealthy foods in schools (1).

The PSG perspective disagreed, and the PGG perspective agreed, that the food industry, government, and communities have the greatest responsibility in preventing childhood obesity and should act now (5).

Table 18: Largest Statement Ranking Differences between PSG and GO Perspectives

Statements	PSG Z-Score	GO Z-Score	Z-Score Difference
Positive Difference			
11: The real cause of obesity is a lack of physical activity...	0.67	-2.019	2.625
35: Childhood obesity is just another example...	.184	-2.280	2.464
22: Studies tell us what parents...	-.136	-2.221	2.086
Negative Difference			
33: Kids' food purchases in schools...	-4.252	-2.077	-2.175
4: It's okay if popular candies...	-.766	.751	-1.517
38: For a nationally urgent problem...	-.610	.753	-1.363

The distinctions between PSG and GO perspectives are highlighted in Table 18. PSG agreed, while GO disagreed, that the real cause of obesity is a lack of physical activity (11), that most obesity-related policies and programs should be addressed at the state and local levels, and that it is not the role of Congress to set standards or mandates for these states or communities (35).

The PSG perspective disagreed, and GO perspective more strongly disagreed, that although food marketing influences the foods kids want to eat, the food industry rather than the federal government, should be in charge of setting food marketing rules (22).

The PSG perspective disagreed to a stronger extent than the GO perspective disagreed that kids' food purchases in schools are a personal choice (33).

The PSG perspective disagreed, and the GO perspective agreed, that it's okay if popular candy is sold in markets because if children are educated, they will make good choices (4). PSG disagreed, and GO agreed, and that it is appropriate for the federal

government to use regulations and/or mandates for obesity prevention that will change the behavior of the companies and individuals (38).

Table 19: Largest Statement Ranking Differences between Perspectives PGG and GO Perspectives

Statement	PGG Z-Score	GO Z-Score	Z-Score Difference
Positive Difference			
22: Studies tell us what parents...	.290	-2.221	2.512
35: Childhood obesity is just another example...	-.190	-2.280	2.090
16: Companies should be encouraged to voluntarily	.482	-1.091	1.573
Negative Difference			
4: It's okay if popular candies...	-2.436	.751	-3.187
27: Parent's choices can do little...	-3.076	-.590	-2.486
6: Congress should take junk food...	-1.172	.470	-1.642

The distinctions between PGG and GO perspectives are highlighted in Table 19. PGG agreed, while GO disagreed, that although food marketing influences the foods children want to eat, the food industry rather than the federal government, should be in charge of setting food marketing rules (22). PGG agreed, and GO disagreed, that companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice (16).

The PGG perspective disagreed and GO perspective more strongly disagreed that most obesity-related policies and programs should be addressed at the state and local levels and that it is not the role of the federal government to set standards or mandates for these states or communities (35).

The PGG perspective disagreed and the GO perspective agreed that it's okay if popular candy is sold in markets because if children are educated they will make good choices (4). PGG disagreed, and GO agreed, that Congress should take junk food out of schools, promote fruits and vegetables, put nutrition info on chain restaurant menus, and restrict food advertisements during children's television shows (6).

The PGG perspective disagreed to a stronger extent than the GO perspective disagreed that parents are undermined by junk food marketing, warranting federal legislation to prevent these advertisements (27).

d) Consensus Statements

Consensus statements reveal those statements that did not distinguish between any pair of perspectives. Statements listed below are the consensus statements that are non-significant (Z-scores do not differ significantly between perspectives) at $P > .05$.¹⁴

Numbers in parentheses indicate the average rank by PSG, PGG, and GO perspectives, respectively.

¹⁴ Personal Communication with Steven Brown, August 27, 2008: Using the standard errors standard Errors for Differences in Normalized Factor Scores, the program determines the consensus statements (using a z-test) by testing whether there is a significant difference for a particular statement between factors 1 and 2; if there is no significant difference, it then tests between factors 1 and 3; if there is no significant difference, it then tests between factors 1 and 3; and so on for factors 2 and 3. If the null hypothesis is not rejected for any of these $(.5)(f)(f-1)$ tests (where f is the number of factors), the statement is determined to be consensual (i.e., not significantly different between any two factors). The program first tests whether the differences are insignificant at the .01 level for all of the statements; it then goes back through to see whether the differences are insignificant even at the .05 level, and these receive an asterisk.

Table 20: Consensus Statements Among all Three Perspectives

Statement	Average Rank by Each Perspective
2: Meals today always seem rushed. And parents, to keep up with school, sports and play dates, feed kids processed and fast food. Families don't plan, prepare and eat food in their homes. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods when meals seem rushed.	1, 1, 0
10: The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.	2, 1, 0
12: Physical education classes are important to make sure kids get a minimal, regular amount of exercise and to help establish physical activity patterns that can lead to active adults. The federal government can encourage physical education classes but it is our local governments that should set the specific types and amount of physical education programs.	1, 1, 0
13: There should be an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools. These things are needed to help prevent childhood obesity. If we make it easier for people to make healthy choices where they live, work, and play we will also address diabetes, heart disease, and other health problems that cut lives short and increase health care costs for everyone.	2, 1, 0
14: Many kids lack affordable, accessible and safe places to be active. The federal government should set minimum physical education requirements and with this, state and local governments should set up programs that are sensitive to local issues and needs and can help increase a child's activity level.	0, 0, 1
15: Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.	1, 1, 0
19: Use public education to prevent and decrease obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must make sure health education and healthy lifestyles concepts are promoted across the curriculum.	2, 0, 0

Table 20: (continued)

20: Food and Drug Administration nutrition facts food labels must be changed to help parents better understand what kids are eating, and so they can make good food choices.	1, 1, 0
21: I'd like food and beverage companies to increase their commitment to public health and take steps to stop targeting young kids with junk food marketing.	1, 1, 0
29: Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure happy and healthy kids. Issues differ in each community and our town leaders, rather than the federal government, should make community decisions. In low-income and diverse communities, for example, the some programs may not be as good because there are other problems like a lack of money, not enough space in community centers and other buildings, and cultural differences. What's good in one place might not be good in another.	1, 0, -1
32: We should do more than promote healthy eating and physical activity if we want to address some of the gaps in health experienced in low-income communities. We have to address poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, education and other resources. We need to first take care of these things if we want to have healthy kids.	1, 0, 0

Recurrent themes were a focus on parent responsibility (2, 10, 15), a focus on education (15, 19), and the importance of local level decisions (12, 14, 29).

The bolded average ranks listed in Table 20 are those statements ranked as one of the eight-most agreed statements within a given perspective. Because parents did not use the forced-distribution method, however, the eight-most agreed statements may not be as purposefully ranked relative to other statements.

C. Focus Group Findings

Key findings emerged from the focus group sessions following the parent survey. The modified Q analysis revealed that, in general, many parents supported parent responsibility, education and physical activity; the focus groups explained to a greater extent why parents may have initially agreed and disagreed with specific statements and related policy alternatives.

In general parents tended to agree with one another during the focus group sessions, even when individual survey responses between parents differed. The majority of disagreement among participants occurred in the initial five minutes of the focus groups – after just a few minutes of discussion, parents were likely to either come to agreement or appeared to discuss more agreeable topics with one another. The results below highlight select themes apparent within and across focus group sessions.

On the surface, parent and individual causes and responsibility for obesity resonated with these parents, and the majority of parents placed the burden on themselves, their families, and their respective decisions. With respect to *causes* related to childhood obesity, parents stated that “health isn’t a priority,” “parents aren’t available,” and “parents participate in giving their kids junk and fast food.” One parent stated, “It’s laziness. Parents know how to do it [feed children healthier foods] but it’s easier to take five dollars and go to McDonald’s. It’s not a priority.”

Many parents also placed the burden of responsibility on themselves. Common statements included, “It begins in the home;” “it’s up to the parents;” “the key is discipline;” “parents are the first teachers who have to educate their children;” and

“parents should watch what their kids eat.” One parent stated, “You can tell whose parents do not stress the importance of vegetables.”

Beyond the use of larger themes and frames about obesity, these focus groups revealed additional insights about these parents, their attitudes, and why they held these perspectives. First, parent attitudes towards personal responsibility were often quite assertive. With the exception of a few parents who felt they could and should feed their children more healthfully and provide them access to physical activity, most parents mentioned how their parenting practices were different and more healthy than those of most parents. For example, one parent stated, “It starts at home. I cook four course meals every day,” while another stated, “It starts at home. My children, they know.” Still, others declared, “I don’t buy my kids junk food;” “I let my children know what’s healthy;” “I make sure they exercise;” and “If it were up to me I would instill some things in my kids.” One parent even blamed her children’s habits on her parents, stating “I tell my kids no candy but when they go in the store with their grandmother they get candy and chips. By the time grandma figures out what’s going on it’s down their throats.” Many parents felt that unhealthy food marketing was not a big problem, again invoking a somewhat defensive reaction towards parent responsibility. Parents noted, “When I go to the store, I’m the one to buy the food and a two or three year old does not make me buy what I buy;” “kids can kick and scream but I’m going to make the choice;” and “It doesn’t matter what they advertise. Children will be influenced but at the same time, it starts at home.”

Second, both parent and government responsibility is embedded within historical events and processes. As one parent stated with respect to parent support for personal responsibility: “It [support for personal responsibility] doesn’t shock me from growing

up in a neighborhood like this. If you say the government's going to step in you're either going to get the short end of the stick or you're not going to get it at all. So I understand it." Another parent stated, "Parents are largely unaware as to how government currently influences and could influence our environment," while another stated, "The federal government plays a role in just about everything we do and they have a lot of say over the school system, so yes, I think they place a major role."

Third, parents' reaction about federal government action encompassed a broad spectrum, stating, "it's not the governments responsibility;" "the government is controlling too much stuff already;" "feeding them [children] and stuff, trying to make them lose weight, it's not a federal problem;" "I don't have a problem with government setting guidelines;" "the government should remove some of the [unhealthy food] advertisements;" and "I think the government should be more involved...because, they are, the federal government." Perhaps the most salient theme was summed up by one parent: "If they [the federal government] are going to have a role, let it be with restaurants and fast food chains. Make sure they put calories or whatever. But as far as dictating what parents do at home, no."

Parents drew strong distinctions between the home and life outside the home. Outside the home parents were much more likely to advocate for multi-stakeholder engagement, including government. Many wanted menu labeling to be required and many wanted school foods improved. One parent argued, "I think everything that you eat you should be able to read about what you put in your mouth" while another stated, "It would help to have what the calories are on the menu, to tell us what our kids can eat." Along these same lines, one parent noted how "sometimes the healthy options [from fast food restaurants] have more calories than the regular meals." In these

instances, for example, parents wanted change but generally didn't have strong views about who implemented and/or enforced this change. Parents advocated for menu labeling and wanted school foods to improve, for example, but this change could come from the schools themselves, local, state and/or the federal government.

Inside the home, however, many parents believed it was their individual responsibility to feed their families healthfully. They noted, "There are parents that stay in the house all day and don't make dinner;" "Parents are not feeding their children well...it's laziness. They know how to do it but it's easier to take five dollars and go to McDonald's. It's not a priority." Another parent stated, "I'm putting my values on them to let them know that vegetables are good for their body. If they are educated, their parents tell them that...it's all about the home."

For many parents the connection to the federal government was more far-reaching - in addition to menu labeling and improved school foods, they were concerned with parks and green spaces, with neighborhood safety, and with greater access to fruits and vegetables. Who implemented the change mattered less than the change itself, but understanding that there could be a role for the federal government in implementing some of their desired changes had a tendency to widen their perspectives about the potential role Congress could play in preventing childhood obesity.

Fourth, parents were more likely to support statements that resonated for them on a personal level, many of which focused on the lack of access to physical activity. They noted a "lack of physical education", how their children "don't even have a physical education teacher", how "we have no grass" and as one parent stated, "There's no gym class in this school. Those are the first classes to go...then they go home and play

video games.” Others discussed their experience with school foods, stating “Kids get a lot of cookies at lunch time...it’s just too much sugar;” another commented, “I think the foods are a little too salty. They come back from lunch and they’re hyperactive.” Other parents commented on the potential effectiveness of policies. On limiting school foods, one parent noted, “I don’t think it’ll help to get rid of it [unhealthy food]. Of course there needs to be healthier options. If it’s not in the school it’ll just come in from outside. It’s making them aware of what’s healthier. And making it appealing.” To further illustrate parents’ specific ideas and opinions about policies and programs, some of the suggested school-based changes included, “have a spokesperson come to schools, bring literature;” “stop serving artificial foods in schools;” “implement programs in schools;” “establish guidelines in schools;” “change and improve school foods;” and more generally, to “become more involved with community activities, school foods and regulating food companies.” Other parents suggested marketing strategies such as “regulating how much food should be in a portion;” “passing some laws to prevent junk food from being advertised;” “taking out some of these [unhealthy food] advertisements;” “changing packaging so kids won’t go for it;” and in general, “creating incentives to eat healthy.”

Other parents discussed the importance of food access (as well as access to places for physical activity). Parents suggested “regulating the price of produce;” “making sure those who have a little less have money for their children;” “helping someone who is mentally ill-equipped;” and “creating access to healthier foods through the Food Stamp Program”. Finally, some parents suggested “cooking classes,” a “nutrition class,” and other education-based initiatives. Again, parents made these additional suggestions about policies and programs that they believed would help prevent

childhood obesity but many of their suggestions included actions without a stated actor responsible for making these changes.

Fifth, many parents discussed the barriers to eating well and getting an adequate amount of physical activity, both for themselves and their children. One of the most common barriers was a shortage of time to devote to cooking; this was illustrated when one parent stated, “I work two jobs. I don’t have time to make a home-cooked meal every day;” another said, “Some parents are just busy and don’t have the time to cook nutritious. That’s the problem I have. Some parents have to go out and make money. That’s a challenge.”

Some parents discussed income and more widespread inequities as barriers to eating healthfully. One parent noted, “When we go to the market and the fruit is not there...or you go and you can’t afford...you could see that the rich people are able to control their diet and they look thinner than the poor. The poor don’t have any choice.” In this same vein, another parent argued, “Most of the parents don’t have the choice themselves because of their communities, what they see in their communities and their grocery stores they frequent. The choices are not there.” Another mother commented on her discounts, noting “I go to the organic section. My son works at Whole Foods so I get an advantage. But what about the other parents?” And yet another noted her struggle with trying to buy healthier foods, stating “I noticed a lot of stuff when I tried to switch [to healthier foods]..we want to be healthy but we cannot afford to be healthy. We’ve got to improvise.” One parent noted how healthy lifestyles are really about “access to communities, food that’s around, transportation for people to get to where they’ve got to go. Income is very much a barrier to eating healthy. A lot of healthy stuff costs more than eating junk stuff.”

More generally, one parent commented on the inequities between school districts:

There are definitely things low-income parents struggle with...I went to this school and then went to an upper North West school for high school and you can see the difference. Down here you have poverty all around - up there those parents make sure their kids are getting everything. And it's not just this way in D.C. - Virginia has a totally different makeover. Sports after schools, transportation to get home, they are constantly active. Even at school they don't have junk food in the machines. They have healthy foods in the machines. And they exercise. All they want to do here is sit them down and put a book in their face, even during after school time. These children need activity.

Another parent commented on the inequities that can exist within families and neighborhoods:

The dynamic of the economy is so different now. Parents aren't in the home as much as they used to be, they have to work more. They can't do what our parents did...we were outside till the sun went down. Aside from them not being there, the violence now...now there are so many reasons that keep them from being active.

Even when discussing income and access to healthier foods and physical activity, many parents continued to promote personal responsibility. For example, one parent argued, "It's not just the low-income communities [with childhood obesity]. I don't know why it [the survey] singled out low-income...it's nationwide, it's community, culture wide...it's a problem. To some people they don't feel it is a problem. There's

nobody that should control what you should and should not eat.” Another parent commented, “A low-income parent has the means to feed their kids well” while another argued, “Income isn’t an issue because people get their food stamps and they buy what they want. It’s a lack of caring...”

Sixth, most parents did mention a role for society in general that could coexist with the promotion of personal responsibility. Parents noted, “It becomes a community issue because everyone’s going to have to pay for it,” “When we all work together we have a better hand at controlling obesity,” “We need community, parents and everybody” and “The labor force of every country determines the profits of the country. If the labor force is not strong enough the country is in trouble.” Again reinforcing personal responsibility with societal change, one parent stated, “Although it starts at home, it’s a tough competition between home and society.”

Discussion

This investigation examined the perspectives of selected low-income African American parents of elementary school children in Washington D.C. Although only a small sample of this larger population, this study adds a crucial set of perspectives to the current policy debate around childhood obesity. There are four key points that emerged from this research.

First, parents had a wide range of viewpoints with multiple causes and solutions for preventing childhood obesity. It is their backgrounds, neighborhoods, families, schools and other factors that have likely influenced both their survey and their

comments during the focus groups. It is important not to categorize these parents into one entity and to assume that they all have the same ideas and concerns.

Second, although these parents present a range of perspectives in the Q study, they tended to agree with one another during the focus group sessions. Their perspectives not only shed light on a distinct set of values, but also highlighted their opinions, disagreements, and agreements that emerged when given space in which to discuss and deliberate a complex, multidimensional issue. In contrast, public opinion studies to measure citizen viewpoints may not measure citizen perspectives about an issue after discussing it (Oliver and Lee 2005, Evans et al. 2005). For example, both parents in this study and many public opinion studies show support for government policies, with oftentimes most support for policies in schools and for children (Oliver and Lee 2005), but it was only in this study's focus groups where the strength and understanding of the personal responsibility argument, together with many of these policy alternatives, was revealed. Thus, more thorough perspectives, desired policy alternatives, and ultimately value tradeoffs, may emerge when citizens are allowed to deliberate their perspectives and confront the alternatives and issues within a larger social problem. This suggests that a static snapshot of citizen perspectives is an inadequate representation of citizen viewpoints and their potential contribution to achieving common ground.

Fourth, personal responsibility remained dominant within each idea promoted and related policy alternatives. The great majority of policy alternatives promoted outside the home allowed for a continued focus on personal responsibility - menu labeling, for example, would give individuals the ability to make an informed personal choice. Nutrition education courses would provide them with the knowledge needed to take

personal responsibility while cooking and/or purchasing foods for themselves and their children. Improved school foods even affirms personal responsibility - by promoting changes in schools, parents are still able to take responsibility for their children in venues they can control. In this same vein, parents were unlikely to support statements that undermined their purchasing decisions. All three perspectives, for example, disagreed with statements that inferred helpless parents when making purchases in the face of junk food marketing to children (statement 27). On the other hand, both the PSG and PGG perspectives supported the statement that called on food companies to curb their junk food marketing to children (statement 21); the GO perspective supported statement 26 that called for federal laws to limit junk food marketing. What became is that statement 27 included a reference to parents unable to “act appropriately” - statements 21 and 26 don’t make any reference, positively or negatively, about parents.

The comments and themes discussed above raised the importance of framing and constructing the problem definition for childhood obesity. For example, asking parents if they wanted “more Congressional” action resulted in an oftentimes skeptical or negative reaction, whereas asking parents if they wanted the United States Department of Agriculture to revise school food standards, for example, resulted in an oftentimes resounding “yes”. It is possible that, to some parents, a direct reference to the federal government arouses emotions, whereas reference to specific government actions and related change does not.

Fifth, cultural influences on dietary and activity habits were important to many parents and hardly if ever mentioned by participants in Lewin’s (2009) Congressional staffer Q study. As one parent stated, “I go back to ethnicity, where you’re from. It goes back

to generations, how families feed themselves and their kids.” Other parents stated, “It depends on how their parents were raised. McDonald’s was a special treat for me...;” “We pretty much come from our grandparents and they ate anything;” and “I think it’s cultural. They eat what their culture dictates and if their culture doesn’t dictate the healthier foods then they won’t eat them. It depends on if you’ve been educated on what’s nutritionally sound.”

This cultural identity with food translated into a great desire for nutrition education, both for parents and their children. In some ways nutrition education would help families take the “personal responsibility” commonly invoked by this group of parents. Parents commented on how “A lot of parents don’t know what’s good and what’s bad because that’s how they grew up;” many believed that, “If we teach our children to eat properly they can make healthy choices when they visit those [fast food] places.” Another parent noted how other school districts teach nutrition, stating “I think in some schools they have them...in Maryland...they call it health. And they have a teacher who teaches them this.”

Sixth, these parents’ expressed perspectives about social problems that were oftentimes broader than the predetermined boundaries created by academic departments, Congressional committees and/or bureaucratic agencies, for example. Parents were able to mesh these boundaries to form broader, and perhaps less political, perspectives that also revealed the inherent complexity embedded within childhood obesity causes, solutions, and related policies. Many of the suggestions and comments also crisscrossed traditional party lines, ideologies, and disciplines, and many included actions without specified actors. What was important to these parents was what

resonated for them personally, oftentimes independent of who could fix the problem. Many perceived the problem as personal in the home and societal outside the home.

But perhaps the most critical point was many parents' underlying justification for subscribing to the personal responsibility frame – parents believed it on a personal level, that they should be held responsible for their children even if government were to help create a healthier eating and physical activity environment. Parents saw personal responsibility and government action as interconnected and interdependent, rather than mutually exclusive and competing, ideologies.

A. Limitations

Sampling was limited – parents, who were self-selected to participate, may have included more parents who had a relatively greater interest in childhood obesity and/or participated more in their children's lives. Participation may have also attracted those parents whose literacy skills were more advanced than some parents who may have had difficulty reading and responding to the survey. Parents also had a tendency to agree with one another during the focus group sessions – it remains unclear how much of this was because of group dynamics or representative of their true perspectives.

Measurement was limited, as time was brief for parents and some of them filled out the survey quickly. There may have been self-reporting bias, where parents ranked statements according to what they thought were acceptable answers.

One of the strengths of Q methodology is the forced distribution method (Brown 1980). Because most parents did not complete a forced distribution, the Q study is weakened and statements cannot be as definitively ranked relative to one another.

This study captures only a small subset of a population with relatively high childhood obesity rates. In the future it will be important to document and involve multiple demographic categories of people from across the United States.

B. Implications

This research finds that parents do hold a range of perspectives, and that if given narrative space to discuss and deliberate a given social problem, deeper and more nuanced perspectives may be revealed. Public opinion studies that capture only a snapshot of one's immediate viewpoint may represent perspectives that aren't yet fully evaluated and/or understood. The parents who participated in this study have a unique lens in which they view childhood obesity and the policy alternatives that surround it – to omit them from the policy process is to exclude a sector greatly affected by the issue at hand. Childhood obesity resonates at a personal level for many of these parents. It is these life experiences, and their beliefs, that should be given time and space to adequately understand the full range of perspectives and to hopefully arrive at a common good.

This study is a first step to more fully understanding citizen perspectives about childhood obesity and the pervasiveness of the individual responsibility ideology throughout society. The idea of personal responsibility was the default position for these parents, which has been reinforced by the food industry and other special interest

groups advocating for less Congressional action. What became apparent were parent participants that subscribed to personal responsibility, and special interest groups that have dissuaded society from widening this approach. Personal responsibility is so entrenched in the U.S. that it not only influences the public, but also makes it easy for special interest groups, including industry, to exploit this same culture. The food and beverage industry is no stranger to this strategy – with a public trained to believe in this myth it is easy to adopt this frame and to create corporate ideals centered on this belief.

Public health professionals face a difficult road ahead – perhaps in an attempt to widen the lens beyond personal responsibility, advocates may have unintentionally brought personal responsibility into contention with environmental and policy change.

Revisiting the definition of public health, “Fulfilling society’s interest in assuring conditions in which people can be healthy” (Institute of Medicine 1988), may help to refocus public health efforts to again think about the connections between one’s environment and the ability for individuals and their families to be healthy, where personal responsibility and environmental change are no longer perceived as competing, either/or, ideologies.

There is no simple solution to creating widespread systemic change. Before advocating on behalf of policy change, parents may want to know that “more Congressional” action does not equate to fewer family rights and responsibilities. It will be important to draw out potential benefits from government action to illustrate how government can work for, and not against, traditionally marginalized sectors of society. At the same time, policy makers would likely take this issue more seriously if

they heard from their constituents, especially citizens advocating a broader approach (Lewin 2009). Without political involvement from these parents and their families, elected officials and their advisers may not perceive this issue to be as urgent as so many others.

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CONCLUSION

The multiple perspectives revealed in each of these studies brought to the fore insights not only about specific policy alternatives, how different actors frame childhood obesity and distinct ideologies, but also the policy process itself and the elements within it that relate to the goal of achieving common ground.

A. Comparisons Within and Across Sectors

Of great importance is a comparison of perspectives that emerged within organizations responding to Institute of Medicine Reports, staffers in the U.S. House of Representatives and the U.S. Senate, and low-income African-American parents of elementary school children in Washington, D.C.

i. Comparison Between Organizations and U.S. Congressional Staffer Perspectives

Organizations and staffers expressed similar perspectives. Both the Political Responsibility and Everyone's Responsibility sub-emphases within the Multiple Responsibility package paralleled Government Action Advocates (GAA) and Select Government Action Advocates (SGAA) perspectives, respectively.

Political Responsibility and GAA both urged Congress to take greater responsibility for preventing childhood obesity. Political Responsibility organizations included public health advocacy organizations, elected officials, and other non-profit organizations. The GAA perspective was entirely Democrats.

Everyone's Responsibility and SGAA both tended to focus on the role of communities and, more generally, multiple sectors of society. This pair of perspectives was less likely to make a direct call for Congressional action and when they did, they advocated public education, investment in research, and other actions that were relatively neutral with respect to Congress's involvement in preventing childhood obesity. Everyone's Responsibility and SGAA agreed with a greater emphasis on upstream social factors, the only perspectives pushing for a focus on social disparities.

Everyone's Responsibility included public health foundations, research organizations, public health associations, organizations promoting obesity prevention programs, and one industry-funded organization. The SGAA perspective was entirely Democrats.

The organizations behind these interpretive packages, and the perspectives revealed among Congressional staffers, may help stakeholders find and work with potential allies with a common agenda.

ii. Comparison Between Organizations and Parent Perspectives

Parents and organizations presented distinct sets of perspectives with little similarity between them. At a general level, there appeared to be overlap between Everyone's Responsibility and Consumer Sovereignty emphases, and all three parent perspectives. Unlike organizations and staffers, who often invoked crisp and deliberate definitions about childhood obesity, parents' definitions seemed less well-defined - they tended to blend government, personal, and other sectors' responsibility.

The more revealing and richer comparisons between these two sectors results from the the distinct methodologies used to elicit these perspectives. It is the comparison between a discourse analysis used to analyze organizations’ press releases, and a Q study and follow-up focus groups used to analyze parents’ perspectives, that revealed how these different methods expose different levels of understanding. The Q study and focus groups exposed a nuanced set of parent perspectives that was different from an analysis of the rhetoric in organizations’ press releases.

iii. Comparison between U.S. Congressional Staffer and Parent Perspectives

The similar methodology used to illicit staffer and parent perspectives makes their comparison at both a micro (statement-by-statement) and macro (overarching themes) level possible. What is unique is the depth to which these comparisons can be drawn – rather than just surveys or questionnaires comparing the two sectors, Q methodology and follow-up question sessions (solo interviews with staffers, focus groups with parents) highlighted many of the reasons why these individuals agreed, disagreed, or remained neutral on a number of statements and related issues.

Table 21 below illustrates the number of statements that overlapped between each parent perspective and each Congressional staffer perspective. What is most interesting is that parents did not fall neatly into the defined staffer perspectives. Instead, there were many instances where the parent perspective converged (meaning they both either agreed or disagreed with the same statements in more than one staffer perspective).

Table 21: Three Parent Perspectives Compared to Congressional Staffer Perspectives¹⁵

Parents		Staffers					
		GAA		SGAA		PRA	
		Agree	Disagree	Agree	Disagree	Agree	Disagree
PSG	Agree	1	1	0	0	3	0
	Disagree	2	4	0	3	0	5
PGG	Agree	2	0	1	0	3	1
	Disagree	1	5	0	4	1	2
GO	Agree	3	0	3	1	1	3
	Disagree	0	6	0	4	1	2

a) Parent +Specific Government and the Three Congressional Staffer Perspectives

PSG overlapped with all three staffer perspectives but most significantly overlapped with PRA.

There was some disagreement with PSG and GAA– although they both agreed with one statement (13) and disagreed with the same four statements (1, 3, 4, 33) they opposed each other on three statements (7, 11, 38). Like GAA, PSG agreed with creating healthier places to work and increasing access to healthy food and physical activity in neighborhoods and schools. They both disagreed with the idea that schools should not remove or limit less healthy foods and should have a range of choices, with voluntary school food recommendations, with selling candy and snacks sold in markets if children are educated, and that kids’ food purchases in schools are a personal choice.

¹⁵ The numbers in this table represent the number of overlapping statements among parents and staffers in each of the perspectives eight-most agreed, and eight-most disagreed, statements. For example, the PSG and GAA statement had one statement where both perspectives ranked it as one of the eight-most agreed statements; there were four statements where both perspectives ranked them as one of the eight-most disagreed statements. There was one statement ranked as one of the eight-most agreed by PSG, and one of the eight-most disagreed by GAA. There were two statements ranked as one of the eight-most disagreed by PSG, and one of the eight-most agreed by GAA.

PSG and SGAA disagreed with the same three statements (1, 27, 33); there were not any statements where these two perspectives overlapped. Like SGAA, PSG disagreed with the idea that schools should not remove or limit less healthy foods and should have a range of choices. SGAA and PSG also disagreed that parents are helpless when children constantly see junk food advertisements and, as a result, the federal government should limit these ads; they also disagreed that kids' food purchases in schools are a personal choice.

PSG and PRA agreed with the same three statements (10, 13, 15) and disagreed with the same five statements (1, 5, 7, 33, 38). Like PRA, PSG agreed with a focus on physical activity and parent responsibility, creating healthier places to work, increasing access to healthy food and physical activity in neighborhoods and schools, that parents are role models, and if children are educated they will make proper choices. Both perspectives disagreed with the idea that schools should not remove or limit less healthy foods and should have a range of choices, that we have enough reports to demand a need for action from the food industry, government and communities, that the United States Department of Agriculture should set different standards for food allowed in schools, that kids' food purchases in schools are a personal choice, and that it is appropriate for the federal government to use regulations and/or mandates to change company and individual behavior.

b) Parent + General Government and the Three Congressional Staffer Perspectives

The PGG perspective overlapped with all three staffer perspectives.

PGG and GAA agreed with the same two statements (5, 13), disagreed with the same five statements (1, 3, 11, 28, 33), and contrasted one another with one statement (6). Like GAA staffers, PGG parents agreed with having enough reports to demand a need for action from the food industry, government, and communities, with creating healthier places to work, and on increasing access to healthy food and physical activity in neighborhoods and schools. They both disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, with voluntary school food recommendations, that parents should focus more on their kids' physical activity rather than eating, that parents set poor examples for their children whose children would otherwise be happy and healthy if they set good examples for them, and that kids' food purchases in schools are a personal choice.

PGG and SGAA agreed with one statement (13) and disagreed with the same four statements (1, 6, 27, 33). Like SGAA staffers, PGG parents agreed with creating healthier places to work and on increasing access to healthy food and physical activity in neighborhoods and schools. Both perspectives disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, that Congress should remove school junk food, promote fruits and vegetables, put nutrition information on chain restaurant menus and restrict food advertisements during children's TV shows, that parents are helpless when children constantly see junk food advertisements, that the federal government should limit these advertisements, and that kids' food purchases in schools are a personal choice.

PGG and PRA agreed with the same three statements (10, 13, 15), disagreed with the same two statements (1, 33) and opposed each other on two statements (5, 28). Like PRA staffers and PSG parents, PGG parents agreed with a focus on physical activity

and parent responsibility, creating healthier places to work and on increasing access to healthy food and physical activity in neighborhoods and schools, that parents are role models and if children are educated they will make proper choices. Both PGG and PRA disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, and that kids' food purchases in schools are a personal choice.

c) Government + Other and the Three Congressional Staffer Perspectives

GO also overlapped with all three staffer perspectives but had the greatest overlap with GAA and SGAA, respectively.

GO parents and GAA staffers both agreed with the same three statements (14, 30, 38) and disagreed with the same six statements (1, 3, 11, 16, 33, 35). Like GAA staffers, GO parents agreed that the federal government should set minimum physical education requirements while state and local government programs remain sensitive to local issues and needs, that the federal, state and local governments all have a responsibility to address children's physical health and emotional stability, and that it is appropriate for Congress to use regulations and/or mandates to change company and individual behavior. They both disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, with voluntary school food recommendations, that parents should focus more on their kids' physical activity rather than eating, that companies should be encouraged to voluntarily provide nutrition information on menus and food packages while ensuring consumer freedom and choice, that kids' food purchases in schools are a personal choice, and that obesity

should be addressed at the local and state levels, rather than with the federal government.

Both the GO and SGAA perspectives agreed with the same three statements (30, 34, 37), disagreed with the same four statements (1, 27, 33, 35) and contrasted one another on one statement (26). Like SGAA staffers, GO parents agreed that that the federal, state and local governments all have a responsibility to address children's physical health and emotional stability, that obesity should be a national public health priority, that the federal government should support research, invest in public goods, accurate information/labeling, and provide tax or grant incentives to states and local governments. They both disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, that parents are helpless when children constantly see junk food advertisements, that kids' food purchases in schools are a personal choice, and that that obesity should be addressed at the local and state levels, rather than with the federal government.

Finally, GO parents and PRA both agreed with one statement (37), disagreed with the same two statements (1, 33), and contrasted one another with four statements (9, 26, 35, 38). Like PRA staffers, GO parents agreed that the federal government should support research, invest in public goods, accurate information/labeling, and provide tax or grant incentives to states and local governments. They both disagreed with the idea that schools shouldn't remove or limit less healthy foods and should have a range of choices, and that kids' food purchases in schools are a personal choice.

Resonant Themes Across Sectors and Perspectives

Select themes within and across both staffer and parent perspectives, and to a lesser extent organizations, emerged. The most agreed upon statements across these sectors focused on healthier workplaces, school-based change, investing in research and public goods, and providing tax or grants to states and local communities – policies that appear to fit an “enabled” personal responsibility narrative. Parents and staffers both appeared most willing to invoke government action in schools; even PRA saw some place for the government in improving in the healthfulness of food in schools. There was only one organization, Center for Consumer Freedom, which subscribed entirely to a strict personal responsibility narrative.

The three parent perspectives can also be compared to the three Congressional staffer perspectives by examining how the perspectives within each sector rated each statement if distinguished by each one’s call for either “less Congressional”, “neutral Congressional” or “more Congressional” action. Tables 22 & 23 illustrate these results, where each cell is the percentage of statements within each perspective suggesting either less, neutral, or more Congressional action. The grey cell within each perspective indicates the suggested level of government action with the greatest percentage of statements, among all agreed and disagreed statements.

Table 22: Percentage of Statements in Each Parent Perspective by Suggested Level of Congressional Action

Parent Perspective	Type of Statement by Level of Congressional Action			
	Less Congressional	Neutral Congressional	More Congressional	Total Number of Statements
Agreed Statements				
Parent Responsibility + Specific Govt	3/15 = 33%	5/7=71%	0/16=0%	38
Parent Responsibility + General Govt	3/15=33%	3/7=43%	2/16=13%	38
Government+ Other	1/15=7%	1/7=14%	6/16=38%	38
Disagreed Statements				
Parent Responsibility + Specific Govt	4/15=27%	0/7=0%	4/16=25%	38
Parent Responsibility + General Govt	6/15=40%	0/7=0%	2/16=13%	38
Government+ Other	7/15=47%	0/7=0%	1/16=6%	38

Of the statements ranked positively by parents, two of the three perspectives -- PSG and PGG -- agreed with the greatest percentage of “neutral Congressional” statements (five out of seven possible “neutral Congressional” statements, or 71%, and three out of seven possible “neutral Congressional” statements, or 43%, respectively). One perspective, GO, agreed with the greatest percentage of “more Congressional” statements (38%). Of the statements rated negatively by parents, all three perspectives -- PSG, PGG and GO – disagreed with the greatest percentage of “less Congressional” statements. The consistency among the disagreed statements, coupled with the agreed

statements, indicates that each parent perspective saw at least some role for the federal government. More generally, this table illustrated that in all but one parent perspective there were both agreed and disagreed statements that called for both “more Congressional” and “less Congressional” (there were no “more Congressional” statements rated positively by the PSG perspective).

Table 22 also exposed the lack of negatively ranked “neutral Congressional” statements – this may indicate that those statements arousing strongest emotional responses, at least among the disagreed statements, were those clearly keeping Congress out of childhood obesity prevention, and to a lesser extent those statements calling for more Congressional action.

Table 23: Percentage of Statements in Each Congressional Staffer Perspective by Suggested Level of Congressional Action

Staffer Perspective	Type of Statement by Level of Congressional Action			
	Less Congressional	Neutral Congressional	More Congressional	Total Number of Statements
Agreed Statements				
GAA	0/15 = 0%	1/6 = 17%	7/19 = 37%	40
SGAA	0/15 = 0%	4/6 = 67%	4/19 = 21%	40
PRA	6/15 = 40%	1/6 = 17%	1/19 = 5%	40
Disagreed Statements				
GAA	8/15 = 53%	0/16 = 0%	0/19 = 0%	40
SGAA	4/15 = 27%	0/16 = 0%	4/19 = 21%	40
PRA	2/15 = 13%	0/16 = 0%	6/19 = 32%	40

Of the statements rated positively by Congressional staffers, there was clear delineation by the level of government action suggested by each statement. The GAA perspective agreed with the greatest percentage of “more Congressional” statements;

the SGAA perspective agreed with the greatest percentage of “neutral Congressional” statements; and the PRA perspective agreed with the greatest percentage of “less Congressional” action statements. The diagonal grey line indicating the greatest percentage of agreed statements illustrates these crisp boundaries.

Of the statements ranked negatively by Congressional staffers, there was a less clear though not entirely surprising delineation by the level of Congressional action suggested by each statement. Both the GAA and SGAA perspectives disagreed with the greatest percentage of “less Congressional” statements, while the PRA perspective disagreed with the greatest percentage of “more Congressional” action statements. This stands in contrast to the parent perspectives, where all three perspectives (including PSG and PGG, which in general tended to shy away from calling Congressional action), disagreed with the greatest percentage of “less Congressional” action statements.

But similar to the parent perspectives, this table exposed the lack of negatively ranked “neutral Congressional” statements— again, this may indicate that, like parents, these “neutral Congressional” statements didn’t garner a strong emotional response. More potentially polarizing government action statements (“more Congressional” and “less Congressional” statements) were ranked negatively by Congressional staffers.

The tables above add to speculation from previous chapters that parents may use a wider lens in which to view childhood obesity, as compared to staffers, and may not draw such rigid boundaries around agreed and disagreed statements by the suggested level of government involvement. Unlike staffers, who tended to focus more on *who* rather than *what* is responsible for causing and preventing childhood obesity, parents

tended to focus on *what* rather than *who* - in other words, parents appeared to be more concerned with the change itself rather than who should be responsible for implementing the change.

The lens with which one views any social problem not only creates boundaries among agreed and disagreed statements but also helps create problem definitions about an issue. It is the creation of these multiple problem definitions that raise a number of critical points about the policy process and the underlying strategies and values used to advocate a desired policy alternative.

The Use of Evidence

Each sector – organizations, Congressional staffers, and parents - used a distinct set of evidence to approach the problem of childhood obesity. And as revealed through interpretive packages, even the same evidence can be used to achieve opposing outcomes.

The IOM reports were used in multiple ways by multiple organizations – the Center for Science in the Public Interest used science to advocate for more Congressional action while the Center for Consumer Freedom exploited the weaknesses in select scientific findings (eg., the inability to prove causality between food marketing and childhood obesity) to shift responsibility away from industry back onto the individual, for example. Organizations in this same study frequently used press release language such as “common sense” and “supported by parents” as evidence that their problem definition and related policy alternatives were correct.

Staffers frequently selected evidence to fit their political agenda, with some claiming, for example, that the IOM reports were “Democrats’ evidence”. Many staffers not entrenched in childhood obesity policy fell back on their more general worldview as evidence that say, for example, individually focused policy alternatives, were not only ideal but also correct. Staffers also used their personal life stories as evidence to guide them towards specific policy proposals – this may be one reason why access to fruits and vegetables (perhaps not a big issue for many staffers in Congress) is less salient than calorie postings menu boards (perhaps a more salient an issue for staffers in Congress).

Parents invoked individual anecdotes and their personal stories as a guide towards favored programs and policies. As pressing issues in many parents’ school districts and communities, the lack of physical activity available during the school day, the lack of neighborhood parks, and oftentimes school foods of poor quality, resonated for parents. Like the individuals working in organizations and U.S. Congressional staffers, each parent brought a unique history and life situation that influenced the way they thought about childhood obesity.

What is clear, however, is that each of these sectors has incomplete information with which to form viewpoints and opinions about childhood obesity. Organizations might be unfamiliar with parents’ perspectives and may not be up-to-date on the latest scientific report. Staffers may not read IOM reports and may not have witnessed or lived under conditions with little to no access to fresh produce. Parents may lack an understanding of the connections between government and society’s food system, and may react more favorably towards a personal responsibility approach because that is what they know; it is familiar.

Questions remain: should individuals within each sector have all possible information prior to forming an opinion about obesity and their desired set of policy alternatives? Should staffers be forced to talk with low-income parents? Should parents receive education about the connection between government and the food system? The results suggest it is highly unlikely that the perspectives revealed here are the “true”, or fully informed, perspective for most of the study participants.

Moving Towards a Sound Policy Process

This study confirms the need to have an institutional space to elicit these deeper perspectives, to share perspectives among one another, and to at least understand a range of perspectives other than one’s own. These nuanced perspectives, as seen by these studies, cannot be detectable through text alone – the interviews with staffers and the focus groups with parents revealed just how valuable open-ended dialogue can be, and how public opinion surveys, questionnaires, and other close-ended methods alone may not get at the core values and rationales underlying individual perspectives. The abundance of catch phrases and the use of politically expedient language is yet another reason to try to capture these deeper perspectives. As noted in each study, multiple organizations, staffers and parents may express their “commitment to children’s health.” The analysis, however, must be able to dissect what this means for each organization and/or individual and if/how this rhetoric translates into action. For some, there are strategic reasons to use this language – a “commitment to children’s health” stated by the Grocery Manufacturers Association might mean something entirely different than if stated by a Congressperson or parent, for example.

Also of importance is an understanding of the values that underlie a perspective – for parents it may be personal and cultural, influenced by those around them, their neighborhood, their life experiences, their community, the government and other factors. For staffers the values invoked might be those for political gain – what brings the congressmen more power, greater authority, leverage over the opposing political party, and more votes may take precedence over the potentially most effective policy. Finally, organizations might invoke values which translate into financial gain – the public’s health may be in their best interest only if other values (eg., power and resources) stand to gain.

These multiple organizations, staffers, and parents each bring to the table a unique lens with which to view childhood obesity. But questions remain: Who represents and can serve the public’s interest? Do parents with incomplete information represent the public’s interest? Does the food and beverage industry, with so much control over what society eats, represent the public’s interest? Who is driving, and who should drive public health policy? In this same vein, who should be responsible for framing this complex problem? Given the multitude of factors both causing and potentially responsible for preventing childhood obesity, public health professionals, policy makers and others must begin to question the underlying values and motivations behind specific policy agendas and proposals. It is clear that even the most objective facts can be interpreted and used subjectively and that seemingly effective policy alternatives are affected by a set of value tradeoffs and the actors involved.

Finally, it is important to note the connections among these three sectors and how each one influences, and is influenced by, one another. The dominant personal responsibility theme that resonated across sectors is reinforced by a number of

organizations and oftentimes by government policy. Press releases are used to form an organizational identity which, in this study, often promoted the organization's devotion to childhood obesity prevention and the public's health; this self-promoting language may then be selected by the media and others to define an issue.

Additionally, surface-level perspectives and salient catch phrases take hold without an appropriate amount of skepticism and criticism - it is this rhetoric that filters into homes, schools, and the halls of Congress. At the same time, the absence of a strong and explicit parent voice on Capitol Hill gives policymakers yet another reason to deal with other, perhaps seemingly more pressing, issues.

Given the connection between the three sectors, and the unique perspective each brings to the table, it is crucial to engage citizens throughout the policy process (Economos et al. 2001, RTI International-University of North Carolina 2004).

Parents' perspectives brought to the fore new ideas and ways to think about obesity, a lens that public health professionals and others might find useful in advancing public health ideals. If staffers are unlikely to shift their worldview, where many promote individual responsibility, parents' perspectives may provide valuable clues on ways to reframe how we think and advocate for environmental, social and policy change.

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RTI International-University of North Carolina. 2004. "Community-based Participatory Research: Assessing the Evidence." *Evidence Report/Technology Assessment: Number 99*. AHRQ Publication No. 04-E022-2.

APPENDICES

Appendix 1: Press Releases Used in Organizational and Institutional Interpretive Package Study

Public Health Advocacy Organizations

Center for Science in the Public Interest

- Time to Implement Policies to Curb Obesity in Kids, Says CSPI (Sept 30 2004)
- Institute of Medicine Reports on Food Marketing Aimed at Kids (Dec 6 2005)
- Institute of Medicine Releases Progress Report on Childhood Obesity (Sept 13 2006)
- Institute of Medicine School Food Recommendations Should Be Law of the Land, Says CSPI (April 25 2007)

Campaign for a Commercial-Free Childhood

- Comments of Susan Linn and Michele Simon on the IOM Food Marketing Report (Dec 6 2005)

Commercial Alert

- Commercial Alert Comment on the Institute of Medicine's Nutrition in Schools Report (April 25 2007)

Food Research and Action Center

- FRAC Statement on the IOM Report on Nutrition Standards for Foods in Schools (April 25 2007)

Shaping America's Youth

- Shaping America's Youth Supports Institute of Medicine Report for Action to Address the Nation's Epidemic of Overweight Children (Sept 30 2004)

Industry Advocacy Organizations

Center for Consumer Freedom

- Center for Consumer Freedom Asks: "Where's the Proof?"
Consumer Group Questions New Study On Advertising And Childhood Obesity (Dec 6 2005)
- Institute of Medicine Weighs In On Obesity
Center For Consumer Freedom Available For Comment (Sept 13 2006)
- Schools Declared "Twinkie-Free Zones"
Consumer Group Responds: Calls For More Physical Activity, Not Food Regulation (April 25 2007)

Industry Associations

American Beverage Association

- Beverage Industry Responds to IOM Childhood Obesity Report: Commends Broad Approach, Provides Beverage Variety. (Sept 30 2004)
- American Beverage Association Responds to Institute of Medicine's Progress Report on Childhood Obesity (Sept 13 2006)
- Balanced Beverage Guidelines Putting Principles Into Practice in Schools Across America- A Response to IOM (April 25 2007)

Grocery Manufacturers Association/Food Products Association

- Food and Beverage Industry Responds to IOM Childhood Obesity Report (Sept 30 2004)
- GMA Statement Regarding Institute of Medicine Nutrition Standards for Foods in Schools Report (April 25 2007)

National Dairy Council

- National Academy of Sciences' Institute of Medicine Report Calls for More Dairy Foods at School
Recommendation Reinforces Positive Role of Dairy in Child Nutrition (April 25 2007)

National Automatic Merchandising Association

- Vending Industry Responds to IOM Childhood Obesity Report (Sept 30 2004)

Snack Food Association

- Snack Food Association Supports Voluntary School Nutrition Standards (April 26 2007)

Public Health Associations

American Dietetics Association

- ADA President's Statement on IOM Report on Food Marketing to Children (Dec 6 2005)

American Public Health Association

- APHA Supports National Plan to Reverse Rise in Obesity Among Children and Youth (Sept 30 2004)

School Nutrition Association

- SNA Responds to Institute of Medicine Recommended Voluntary Nutrition Standards (April 25 2007)

Industry Foundations

International Food Information Council

- Kidnetic.com Answers IOM Call for Childhood Obesity Prevention (Sept 30 2004)
- IFIC Foundation Answers IOM Call to Help Prevent Childhood Obesity Disseminating Information Promoting Healthful Eating and Physical Activity via Kidnetic.com (Sept 13 2006)

Produce for a Better Health Foundation

- Produce For Better Health Foundation Applauds IOM Report On Marketing Healthier Food To Children (Dec 7 2005)

U.S. Tuna Foundation

- New Report from the Institute of Medicine Calls for Action to Combat Childhood Obesity; Tuna Industry Responds With Information for Parents About Weight Management/Health Benefits of Canned Tuna. (Sept 30 2004)

Politics

Senator Harkin

- Harkin: new caru guidelines mark progress in curbing junk food marketing to kids (Nov 14 2006)
- Harkin addresses need for school nutrition standards, responds to IOM recommendations (April 25 2007) [Released by the Agriculture, Nutrition, and Forestry Democratic Committee]
- It's time for better nutrition in our schools (May 14 2007)

Representative Hoyer

- Hoyer Joins CDC VERB Campaign to Talk With Kids About Staying Fit, Eating Healthy (Oct 4 2004)

Representative Markey

- Chairman Markey Responds to Kellogg Decision to Pull Ads Targeting Children (June 14 2007)

Retailers

Kraft

- Kraft Foods Announces Marketing Changes to Emphasize More Nutritious Products (Jan 14 2005)

Public Health Foundations

California Endowment

- The California Endowment Commits \$26 Million to Prevent Childhood Obesity (Oct 14 2004)

Kaiser Family Foundation

- New Study Finds That Food is the Top Product Seen Advertised by Children – Among All Children, Tweens See the Most Food Ads at More than 20 a Day (March 28 2007)

Points of Light Foundation

- Youth Around the World Volunteer to Fight Childhood Obesity During Kids Care Week 2004 (Oct 18 2004)

Robert Wood Johnson Foundation

- Statement of the Robert Wood Johnson Foundation on the Release of Institute of Medicine's Childhood Obesity Report (Sept 30 2004)
- Statement from Risa Lavizzo-Mourey, M.D., M.B.A., Robert Wood Johnson Foundation President and CEO, Regarding Release of Institute of Medicine Progress in Preventing Childhood Obesity Report (Sept 13 2006)

Parent/Family Associations

Parent Teachers Association

- PTA Commends Institute of Medicine; Calls for Congressional Action (April 27 2007)

Appendix 2: Complete List of Numbered Q Statements used in the Congressional staffer Q study, and Suggested Level of Federal Government Action (In Parentheses)

1 Restricting and/or limiting high-calorie, low-nutrient foods and beverages in schools is not advisable because it cuts down on the range of choices available to students. (Less)

2 Meals today are on-the-go. Parents, to keep up with school, sport and social demands, are turning to processed and fast foods. No longer do families plan, prepare and eat food in their homes. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods on-the-go. (Less)

3 Now that we have scientific clarity from the Institute of Medicine, it is Congress and corporate America's job to do the right thing. Congress did their job by funding a study on school guidelines for schools, but the recommendations from the Institute of Medicine should be voluntary rather than mandated by Congress or USDA. (More)

4 Popular candies and snacks can be in the marketplace, but children who are educated about making healthy food choices will know how to make the choices that are best for them. (Less)

5 But frankly, how many more reports do we need before the government actually starts adopting some obesity prevention policies? How many more kids will start on a lifetime of disease before the nation starts treating this epidemic like an epidemic? It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and the young victims of this epidemic, the Institute of Medicine reports makes it clear that industry, government, and communities have the greatest responsibility in preventing childhood obesity. (More)

6 Getting junk food out of schools, promoting fruits and vegetables, putting nutrition info on chain restaurant menus, and scrutinizing food ads on children's television programming are four things Congress should act on right now to advance the Institute of Medicine's recommendations. (More)

7 USDA currently uses outdated and incoherent nutritional guidelines for school foods. Making matters worse, those guidelines apply only to the school cafeteria during mealtime. Kids need only walk outside of the cafeteria in order to purchase soft drinks, chips, and candy bars. This is a junk-food loophole big enough to drive a soda pop delivery truck through. It's time to close this loophole with federal legislation. (More)

8 Since there are significant social disparities in childhood obesity and in the ability of families to address it, it is appropriate for the federal government to use taxpayer money to address the underlying social issues. This may entail such things as ensuring access to preventive health care, nutrition counseling, child care subsidies, and community-level improvements in infrastructure to encourage physical activity, and so on. (More)

9 The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that ensure positive youth development and overall wellness. (More)

10 The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so. (Less)

11 The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to ensure that they get adequate physical activity each day. Too much attention is being directed at food intake. (Less)

12 Physical education classes are important to ensure that young people have a minimal, regular amount of physical activity and to help establish physical activity patterns that may be carried into adulthood. The federal government can encourage this but it is local governments that have jurisdiction over physical activity in schools. (Less)

13 There should be an emphasis on creating healthier workplaces and increasing access to healthy food and physical activity in our neighborhoods and schools. These are critical elements of a serious obesity prevention strategy that can turn this epidemic around. Making it easier for people to make healthy choices where they live, work, and play will also address diabetes, heart disease, and other chronic health problems that cut lives short and run up health care costs for everyone. (Neutral)

14 Many kids lack affordable, accessible and safe places to get physical activity. There should be federally mandated minimum physical education requirements and along with this, state and local governments should implement policies/programs that are sensitive to local issues and needs and can help increase a child's activity level. (More)

15 Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices. (Less)

16 Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice. (Less)

17 We should invest significant public funds to promote “nutrition literacy”, to educate consumers and especially parents so they can make healthy choices for their children. The imbalance between federal expenditure on nutrition education and private, commercial food and beverage advertising expenditure must change. (More)

18 Society should seek new and tangible ways to ensure that kids are exposed to media and advertisements, which promote healthy lifestyles including nutrition and exercise. For instance, health and activity can be effectively promoted through cartoon characters, spokespeople, and other media programming. (Neutral)

19 Use public education to conquer obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must ensure health education and healthy lifestyles concepts across the curriculum. (Neutral)

20 FDA food labels must be revised in order to ensure that parents understand what kids are eating and so that they can make wise food choices. (More)

21 I'd like these companies to supersize' their commitment to public health and take steps to refrain from targeting young kids with certain food marketing – if Snap, Crackle, and Pop can do it, why can't Ronald McDonald? (Less)

22 The IOM report really confirms what most parents know to be true from personal experience: food advertising aimed at kids works. It changes kids' preferences. And since the foods that are advertised are mostly high in calories and low in nutrition, the net effect is less healthy children. The appropriate solution is for food companies themselves to set meaningful industry-wide nutrition standards for which foods are appropriate to market to kids in the first place; this method is far better than getting the Federal Trade Commission getting involved in marketing regulation. (Less)

23 Positive messaging and tools, not restrictions or negative messaging, are the right approach for creating behavior change. Such a campaign (similar to CDC's federally funded VERB physical activity campaign targeting 'tweens) would be helpful in preventing childhood obesity and should focus first on promoting fruit and vegetable consumption to reach children with a positive "eat more" message, in fun and appealing ways. (Neutral)

24 Sadly, the profit motive of some media moguls outweighs their desire to contribute to the well-being of the nation's children. We need broad based buy-in, including legislation from the federal government, to take steps to safeguard our children from harmful messages that promote unhealthy eating habits. (More)

25 We should set mandatory nutrition labeling for restaurant chains with 50 or more stores. We recognize that no single action will change the unhealthy eating

environment children face every day but together we can begin creating a better environment, where the healthy choice becomes the easy choice. (More)

26 Kellogg's voluntary commitment to adopt nutrition standards for the foods it markets to children and to place limits on its use of licensed characters and product placements is an important first step because it demonstrates that food companies can market their products to children in a socially responsible way. But since the rest of the industry has been slow to act Congress or the Federal Communications Commission should enforce mandatory federal food marketing standards to safeguard kids from junk food ads during children's television programming. (More)

27 Children face unprecedented nutritional risk at school. The federal government must work with schools to promote healthy foods and limit junk food ads. We need legislation that restores authority to the Federal Trade Commission (FTC) and would give FTC the power to restrict the advertising of junk food to children under age 18. Another bill should address the onslaught of junk food marketing to children in *schools*-giving the U.S Secretary of Agriculture the authority to prohibit all junk food advertising in schools where parents are not present. (More)

28 The current food, beverage and media industry efforts are woefully inadequate. Industry should develop tough and effective marketing guidelines, but when private interests work against the public good like this, government is obliged to act. Since the food industry seems unwilling to meaningfully self-regulate this kind of advertising it is time for government to push legislation that imposes federal regulation of junk food marketing to kids. (More)

29 Parent's choices about their children's eating habits are undermined by junk food ads everyday. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes entice kids to eat fast food and sugary snacks. The childhood obesity epidemic is real, and the federal government must act now to curtail these junk food ads. (More)

30 Parents today set poor examples for their children. They must create a home environment that fosters positive child development to ensure kids grow into happy, healthy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving environment for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen. (Less)

31 Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure healthy and positive youth development. Issues differ in each community and our town leaders, rather than the federal government, are best suited to make these community-wide decisions. In low-income and diverse communities, for example, competing problems, lack of funds, overburdened local

infrastructures and cultural differences may reduce the effectiveness of initiatives. Programs must be tailored to be more effective in these places. (Less)

32 The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children. (More)

33 Schools must make effective use of already available school and community resources. They should work to equitably serve the needs, interests and cultural norms of all students and staff. (Less)

34 Social disparities in childhood obesity are well documented in CDC data. But addressing this involves much more than promoting healthy eating and active living in these communities. Such promotion cannot be effective unless or until we also address the root social causes of these disparities such as poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, knowledge and resources. These factors are an overlooked cause of childhood obesity and undermine the effectiveness of healthy eating/active living efforts in these communities. (Neutral)

35 Kids' food purchases in schools are a personal choice. If they want to eat French fries and cupcakes, then they should be able to buy these items. (Less)

36 Just as broad-based approaches have been used to address other public health concerns—including automobile safety and tobacco use—obesity prevention should be public health in action at its broadest and most inclusive level. Prevention of obesity in children and youth should be a national public health priority. (Neutral)

37 Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in placing responsibility on the federal government. It is not the role of the federal government to set standards or mandates for these lower levels of government. (Less)

38 The appropriate way to deal with childhood obesity is to foster and enable local communities to make positive changes. The federal government can set national standards or mandates that give communities the flexibility in implementing these standards. Federal grants to communities and/or states grants can help to achieve this local change. (More)

39 The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit. (More)

40 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will re-direct the behavior of the private sector and individuals. This may entail such things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.
(More)

Total: 15 “Less Congressional” Statements, 6 “Neutral Congressional” Statements, and 19 “More Congressional” Statements

Appendix 3: Numbered Statements used in Parent Questionnaire

1 Schools shouldn't remove or limit high-calorie, low-nutrition foods. Students should have a range of choices available to them.

2 Meals today always seem rushed. And parents, to keep up with school, sports and play dates, feed kids processed and fast food. Families don't plan, prepare and eat food in their homes. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods when meals seem rushed.

3 Science tells us that Congress should make recommendations to schools about the foods they make available to kids. These recommendations should be voluntary and should not be required.

4 It's okay if popular candies and snacks are sold in markets. Children who are educated about making healthy food choices will make the choices that are best for them.

5 We have enough reports that tell us government should have obesity prevention policies. It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and kids, the food industry, government, and communities have the greatest responsibility in preventing childhood obesity.

6 Congress should take junk food out of schools, promote fruits and vegetables, put nutrition info on chain restaurant menus, and restrict food ads during children's television shows.

7 The U.S. Department of Agriculture, the part of the federal government which sets food standards for schools, should set different standards for the foods allowed in schools. These guidelines should apply to the entire school. It's common for kids to walk outside the cafeteria to purchase soft drinks, chips, and candy bars. Kids shouldn't be allowed to purchase junk food anywhere at school, and the federal government should require these changes.

8 Since low-income families may find it difficult to think about childhood obesity, the federal government should use taxes to help these families. Taxes can be used for things like access to preventive health care, nutrition counseling, decreased child care expenses, and community improvements like sidewalks and playgrounds which encourage physical activity.

9 The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a

responsibility in creating policies and/or programs that make sure kids are happy and healthy.

10 The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.

11 The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to make sure they are active each day. Too much attention is being directed at what kids eat.

12 Physical education classes are important to make sure kids get a minimal, regular amount of exercise and to help establish physical activity patterns that can lead to active adults. The federal government can encourage physical education classes but it is our local governments that should set the specific types and amount of physical education programs.

13 There should be an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and schools. These things are needed to help prevent childhood obesity. If we make it easier for people to make healthy choices where they live, work, and play we will also address diabetes, heart disease, and other health problems that cut lives short and increase health care costs for everyone.

14 Many kids lack affordable, accessible and safe places to be active. The federal government should set minimum physical education requirements and with this, state and local governments should set up programs that are sensitive to local issues and needs and can help increase a child's activity level.

15 Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.

16 Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer freedom and choice.

17 The government should spend more money on nutrition education. This would help educate consumers and especially parents so they can make healthy choices for their children.

18 Society should seek ways to make sure kids watch media and advertisements, which promote healthy lifestyles including nutrition and exercise. For instance, health and activity can be effectively promoted through cartoon characters, celebrities, and other media programming.

19 Use public education to prevent and decrease obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must make sure health education and healthy lifestyles concepts are promoted across the curriculum.

20 Food and Drug Administration nutrition facts food labels must be changed to help parents better understand what kids are eating, and so they can make good food choices.

21 I'd like food and beverage companies to increase their commitment to public health and take steps to stop targeting young kids with junk food marketing.

22 Studies tell us what parents know to be true from personal experience: food advertising aimed at kids works. It changes the foods kids want to eat. And since the foods that are advertised are mostly junk food, children end up eating less healthy foods. But it is the food industry, not the federal government, which should be in charge of setting food marketing rules.

23 Positive messaging and tools, not restrictions or negative messaging, are the right approach for creating behavior change. This type of program should promote fruit and vegetable consumption to reach children with a positive "eat more" message, in fun and appealing ways.

24 TV and other media companies care more about the money than healthy kids. Because of this, we need legislation from the federal government to take steps to protect our children from harmful messages that promote unhealthy eating habits.

25 The federal government should require that chain and fast food restaurants include nutrition information for their foods. If we start to change the information people receive, this will help people make healthier choices.

26 Children get fed unhealthy foods at school. The federal government should work with schools to make sure they have healthy foods and to decrease the amount of junk food advertisements. We need federal laws that require healthier foods in schools and restrict junk food advertisements to kids under 18.

27 Parent's choices can do little about what their kids eat when they constantly see junk food advertisements. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes get kids to eat fast food and sugary snacks. The federal government should act to limit these junk food advertisements.

28 Parents today set poor examples for their children. They must create a home environment that is healthy for their kids and one where they can be happy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving setting for their children. The home

environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.

29 Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure happy and healthy kids. Issues differ in each community and our town leaders, rather than the federal government, should make community decisions. In low-income and diverse communities, for example, the some programs may not be as good because there are other problems like a lack of money, not enough space in community centers and other buildings, and cultural differences. What's good in one place might not be good in another.

30 The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children.

31 Schools must make effective use of already available school and community resources. They should work to equitably serve the needs, interests and culture of all students and staff.

32 We should do more than promote healthy eating and physical activity if we want to address some of the gaps in health experienced in low-income communities. We have to address poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, education and other resources. We need to first take care of these things if we want to have healthy kids.

33 Kids' food purchases in schools are a personal choice. If they want to eat french fries and cupcakes, then they should be able to buy these items.

34 Like smoking and car safety, prevention of obesity in children should be a national public health priority.

35 Childhood obesity is just another example of the many issues this country faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in telling the federal government to do more. It is not the role of the federal government to set standards or mandates for these states or communities.

36 The appropriate way to deal with childhood obesity is to help local communities make positive changes. The federal government can set national standards or requirements but should make them flexible enough so that communities can still make many of the decisions. Money from the federal government to communities or states can help to achieve this local change.

37 The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate

information/labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit.

38 For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will change the behavior of the companies and individuals. This maybe things as regulated food marketing, restricted food within schools and public institutions, mandated restaurant labeling, established healthy living incentives through health insurance, and so on.

Appendix 4: Parent Questionnaire

Directions: Please rank each statement on the following scale:

-3: Strongly Disagree

-2: Disagree

-1: Mildly Disagree

0: Neutral

1: Mildly Agree

2: Agree

3: Strongly Agree

_____ Society should seek ways to make sure kids watch media and advertisements which promote healthy lifestyles including nutrition and exercise. For instance, health and activity can be effectively promoted through cartoon characters, celebrities, and other media programming.

_____ The appropriate federal government role in childhood obesity is to support research, invest in public goods like parks, activity-friendly communities, accurate information and labeling, and to provide tax or grant incentives for state and local governments to address the problem as they see fit.

_____ Meals today always seem rushed. And parents, to keep up with school, sports and play dates, feed kids fast food. The major issue with childhood obesity is that parents need to do a better job at selecting and feeding their children healthier foods when meals seem rushed.

_____ Schools shouldn't remove or limit high-calorie, low-nutrition foods. Students should have a range of choices available to them.

_____ We have enough reports that tell us government should implement obesity prevention policies. It's time for action. If we don't act, America's kids will just get heavier and unhealthier. While the food industry places all the blame on parents and kids, the food industry, government, and communities have the greatest responsibility in preventing childhood obesity.

_____ Science tells us that Congress should make recommendations to schools about the foods they make available to kids. Recommendations from Congress should be voluntary and should not be required.

_____ It's okay if popular candies and snacks are sold in markets. Children who are educated about making healthy food choices will make the choices that are best for them.

_____ Since low-income families may find it difficult to think about childhood obesity, the federal government should use taxes to help these families. Taxes can be used for things like access to preventative health care, nutrition counseling, decreased child care expenses, and community improvements like sidewalks and playgrounds which encourage physical activity.

_____ Congress should take junk food out of schools, promote fruits and vegetables, put nutrition info on chain restaurant menus, and restrict food ads during children's television shows.

_____ The appropriate way to deal with childhood obesity is to address our children's psychological, emotional and cultural needs. The federal government has a responsibility in creating policies and/or programs that make sure kids are happy and healthy.

_____ The fight against childhood obesity involves a healthy diet and moderation, but physical activity and parent responsibility are just as important, if not more so.

_____ The real cause of obesity is a lack of physical activity. It is up to parents and their children to turn off the television and to make sure they are active each day. Too much attention is being directed at what kids eat.

_____ Physical education classes are important to make sure kids get a minimal, regular amount of exercise and to help establish physical activity patterns that can lead to active adults. The federal government can encourage physical education classes but it is our local governments that should set the specific types and amount of physical education programs.

_____ Parents are their kids' role models and teachers. They should be responsible and instill lifelong awareness about healthy eating and physical activity. Children who are educated will make proper choices.

_____ Many kids lack affordable, accessible and safe places to be active. The federal government should set minimum physical education requirements. State and local governments should set up programs that are sensitive to local issues and needs and can help increase a child's activity level.

_____ Use public education to prevent and decrease obesity. A public education campaign would encourage physical activity and motivate individuals to make healthy lifestyle choices. Schools must make sure health education and healthy lifestyles concepts are promoted across the curriculum.

_____ Companies should be encouraged to voluntarily provide nutrition information on menus and food packages while promoting and protecting consumer

freedom and choice.

_____ The government should spend more money on nutrition education. This would help educate consumers and especially parents so they can make healthy choices for their children.

_____ Food and Drug Administration Nutrition Facts food labels must be changed to help parents better understand what kids are eating, and so they can make good food choices.

_____ TV and other media companies care more about the money than healthy kids. Because of this, we need legislation from the federal government to take steps to protect our children from harmful messages that promote unhealthy eating habits.

_____ Studies tell us what parents know to be true from personal experience: food advertising aimed at kids works. It changes the foods kids want to eat. And since the foods that are advertised are mostly junk food, children end up eating less healthy foods. But it is the food industry, not the federal government, which should be in charge of setting food marketing rules.

_____ The appropriate way to deal with childhood obesity is to help local communities become healthier places to live. The federal government can set national standards or requirements but should make them flexible enough so that communities can still make many of the decisions. Money from the federal government to communities or states can help to achieve this local change.

_____ Positive messaging and tools, not restrictions or negative messaging, are the right approach for getting kids to be healthy. This type of program should promote fruit and vegetable consumption to reach children with a positive "eat more" message, in fun and appealing ways.

_____ The federal government should require that chain and fast food restaurants include nutrition information for their foods. If we start to change the information people receive, this will help people make healthier choices.

_____ Parents today set poor examples for their children. They must create a home environment that is healthy for their kids and one where they can be happy and vibrant children. All children could be happy and healthy if parents teach their kids the appropriate life lessons and provide a loving setting for their children. The home environment is where children learn about racism, self-esteem and more generally, how to be an engaged, active and vibrant citizen.

_____ There should be an emphasis on creating healthier places to work and on increasing access to healthy food and physical activity in our neighborhoods and

schools. If we make it easier for people to make healthy choices where they live, work, and play we will also address diabetes, heart disease, and other health problems that cut lives short and increase health care costs for everyone.

_____ Children get fed unhealthy foods at school. The federal government should work with schools to make sure they have healthy foods and to decrease the amount of junk food advertisements. We need federal laws that require healthier foods in schools and restrict junk food advertisements to kids under 18.

_____ Parent's choices can do little about what their kids eat when they constantly see junk food advertisements. Although parents may want their kids to eat healthy, they often lose out because Sponge Bob Square Pants, Shrek, and cartoon superheroes get kids to eat fast food and sugary snacks. The federal government should act to limit these junk food advertisements.

_____ For a nationally urgent problem like obesity it is appropriate for the federal government to use regulations and/or mandates that will change the behavior of companies and individuals. This may be things like regulating food marketing, restricting food within schools and public institutions, mandating restaurant labeling, establishing healthy living incentives through health insurance, and so on.

_____ Communities must come together to focus on building healthy, vibrant and safe neighborhoods to ensure happy and healthy kids. Issues differ in each community and our town leaders, rather than the federal government, should make community decisions. In low-income and diverse communities, for example, some programs may not be as good because there are other problems like a lack of money, not enough space in community centers and other buildings, and cultural differences. What's good in one place might not be good in another.

_____ The federal government, state governments and local communities each have a responsibility in addressing both the physical health and emotional stability of our children.

_____ Schools must make effective use of already available school and community resources. They should work to equitably serve the needs, interests and culture of all students and staff.

_____ Kids' food purchases in schools are a personal choice. If they want to eat french fries and cupcakes, then they should be able to buy these items.

_____ Like smoking and car safety, prevention of obesity in children should be a national public health priority.

_____ Childhood obesity is just another example of the many issues this country

faces. We need to be sure that we respect the fact that most of these issues should be addressed at local and state levels and should be very cautious in telling the federal government to do more. It is not the role of the federal government to set standards or mandates for these states or communities.

_____ We should do more than promote healthy eating and physical activity if we want to address some of the gaps in health experienced in low-income communities. We have to address poverty, hopelessness, low self-esteem, discrimination, lack of positive role models, mothers with limited time, education and other resources. We need to first take care of these things if we want to have healthy kids.

_____ The U.S. Department of Agriculture, the part of the federal government which sets food standards for schools, should set different standards for the foods allowed in schools. These guidelines should apply to the entire school. It's common for kids to walk outside the cafeteria to purchase soft drinks, chips, and candy bars. Kids shouldn't be allowed to purchase junk food anywhere at school, and the federal government should require these changes.

_____ I'd like food and beverage companies to increase their commitment to public health and take steps to stop targeting young kids with junk food marketing.

Appendix 5: Citizen Survey Results Prior to Excluding Two Parents

[illegible]